SPECIAL ISSUE: HEALING

TOMORROW

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AESCULAPIAN STAFF
(See Page 79:
"Sign of the Healer")

ERIC J. DINGWALL
HEALING: PAST AND PRESENT

JULIAN FRANKLIN
MEDICAL MAGICIANS

DON H. GROSS
PRAYER THAT HEALS

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PARANORMAL IN HYPNOSIS

EDWARD SEAGA
JAMAICA'S PRIMITIVE MEDICINE

MONTAGUE ULLMAN
INSPIRATION AS CURSE

Two Book Condensations

THE DOORS OF PERCEPTION ALDOUS HUXLEY
NEW DIMENSIONS OF DEEP ANALYSIS JAN EHRENWALD

QUARTERLY REVIEW OF PSYCHICAL RESEARCH

EDITORIAL:

FAITH, MAGIC AND MEDICINE

ALTHOUGH science has made remarkable strides, the strength of the human imagination must always remain a wonderfully powerful therapeutic agent. Whether it is in the encouragement given by a word of hypnotic command, the amulet, or the charm, it remains true that he best heals who can exert his influence upon the imaginative faculties of the individual.

The use of spells and incantations, the laying on of hands, the cult of sacred relics and the method of their operation are still, in our country, often more potent than the most modern methods of medicine. The power of "suggestion," rescued from the dark ages, has become important in the development of psychotherapy. There are still, today, many of deeply religious faith who wear amulets whose meanings are lost behind the misty veils of antiquity.

ALL of us, whether we believe it or not, have our fetishes. And even though they may have lost their magic meaning, many of them are today worn to heal and to protect; man still yields to the therapeutic force in nature, be it symbolized by a cabalistic pill, a word of suggestion, the drug offered by his favorite physician, the touch of hands, or a visit to a sacred shrine.

In our modern day, words, too, have a potent magic. Words well and carefully chosen incite the imagination of those who hear them. Our perception can be given rein by a poet's words—in describing a landscape, for instance—and thus create a dream picture in our mind's eye, superior to the reality which the poetic phrases seek to reflect. Rich religious and devotional phrases are not necessarily evidence of piety or good faith. Yet, there are those who are healed by the Holy Word when all else fails.

The magic of the doctor's prescription on the unsophisticated partakes of magic. It is couched in a language the ailing one does not un-

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SPONTANEOUS PHENOMENA ARE SUBJECT OF CAMBRIDGE CONFERENCE

The Society for Psychical Research, London, will hold a conference on spontaneous psychic phenomena at Newnham College, Cambridge, from July 11 to 17, 1955. The meeting is being organized by the Society's Honorary Secretary, Dr. W. H. Salter, with the support of the Parapsychology Foundation, Inc., of New York City. Dr. Gardner Murphy, Director of Research, The Menninger Foundation, Topeka, Kansas, and General Research Consultant of the Foundation, is cooperating with Dr. Salter in preparations for the meeting.

Among members of the Council of the S.P.R. who will participate in the conference are the Society's present President, Prof. F. J. M. Stratton of Gonville and Caius College, Cambridge; Prof. C. D. Broad, Trinity College, Cambridge; and Prof. H. H. Price, New College, Oxford.

From the United States, in addition to Dr. Murphy, will come Mrs. Eileen J. Garrett, President of the Parapsychology Foundation; Mrs. Lydia Allison, Secretary of the American Society for Psychical Research; Mrs. Laura Dale, Research Associate of the A.S.P.R.; and Prof. Hornell Hart, Department of Sociology, Duke University, Durham, N. C. Other participants are coming from Denmark, France, Italy, the Netherlands, Norway and Switzerland.

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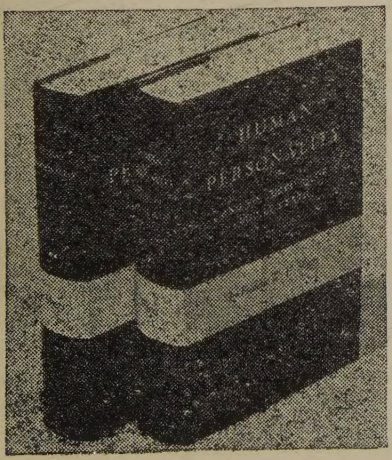

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CONTRIBUTORS TO THIS ISSUE

DR. ERIC J. DINGWALL was educated in Cambridge, England, and directed the Department of Psychical Phenomena of the American Society for Psychical Research in 1922. He has been a research officer for the British S.P.R. His published works include, **Ghosts and Spirits in the Ancient World,** and most recently, **Very Peculiar People.**

JULIAN FRANKLIN's wide interests are reflected in his published works, which include **The Cockney,** a sociological and philological study of the Londoner, and **A Survey of the Occult.** He resides in London, England, and lectures on the subject of heraldry.

DR. FRANCOIS LEURET, French physician associated with the Bordeaux Hospital, died a year ago. Aside from his various scientific publications, he has written several works dealing with modern miracle cures.

DR. DONALD J. WEST is a leading British psychical researcher. He is a qualified specialist in psychiatry, and is at present the Experimental Research Officer of the British S.P.R. His most recent book is **Psychical Research Today,** just published in the United States.

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THE REV. DON H. GROSS, Rector of St. Peter's Episcopal Church, Brentwood, Pa. regularly conducts healing services, emphasizing spiritual healing as a normal part of Christianity. He was Chairman of the Healing Commission of the Diocese of Pittsburgh and he is the present Vice-Chancellor of this Diocese. He is engaged in graduate study in parapsychology at the University of Pittsburgh.

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(*Continued on Page* 6)

Quarterly Review of Psychical Research

TOMORROW

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VOL. 3, NO. 3 — 357 — SPRING 1955

HEALING: PAST AND PRESENT by Eric J. Dingwall 9

MEDICAL MAGICIANS by Julian Franklin 17

WHAT IS A MIRACLE? by Francois Leuret 25

FAITH HEALING AT LOURDES by Donald J. West 27

G.B.S. ON TELEPATHY by Jan Ehrenwald 35

SCIENCE AND SPIRITUAL HEALING by Gotthard Booth 39

WHEN IS HEALING "PSYCHIC"? by Russell G. MacRobert 47

PRAYER THAT HEALS by Don H. Gross 56

PARANORMAL IN HYPNOSIS by Leslie M. LeCron 63

JAMAICA'S PRIMITIVE MEDICINE by Edward Seaga 70

SIGN OF THE HEALER by Sherman Yellen 79

BRITAIN'S NO. 1 "HEALER" by Robert H. Thouless 85

INSPIRATION AS CURSE A Book Review by Montague Ullman 92

THE DOORS OF PERCEPTION
A Condensation of the Book by Aldous Huxley 99

NEW DIMENSIONS OF DEEP ANALYSIS
A Condensation of the Book by Jan Ehrenwald 123

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(*Continued from Page 4*)

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ALDOUS HUXLEY, the well-known novelist and essayist, has long been interested in psychic phenomena. His most recent work, the novel **The Genius and The Goddess**, will be published in book form later this year.

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TO BE WHOLE

"From the cowardice that shrinks from new truth,
From the laziness that is content with half-truths,
From the arrogance that thinks it knows all truth,
O God of Truth, deliver us."

—Ancient Prayer

THE word health is related to the words hale and whole. Semantically, healing means to recreate the whole-ness of man. Modern medical concepts acknowledge that the human person, its mind and body—yes, and its soul—must be considered as a whole; that, to ignore the delicate relationship of body and psyche, is perilous.

IN this Special Issue on Healing, TOMORROW magazine seeks to throw some light upon frontiers of therapy that are sometimes referred to as "unorthodox healing." Starting from the premise that the psychiatrist's couch may be as worthy of inquiry as the witch doctor's mask, and that a primitive amulet has its modern equivalent in the physician's important-looking but innocent placebo pill, the pages of this issue were opened to a wide variety of facts and views.

THE winding road from primitive witchcraft to up-to-date psychosomatic medicine has by-passed many a chasm of misplaced fervor, disillusionment, hesitation and ignorance. Physicians, their patients, and the rest of us, share an interest in understanding that will not be bound by shackles of conformity. The reader will find in the following pages data and ideas that, at times, may arouse his violent disagreement. But only thus can discussion stimulate new inquiry and new understanding. The contributors to this issue invite comment, hoping to raise their own sights and to encourage constructive controversy.

THE EDITORS

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HEALING: PAST AND PRESENT

by Eric J. Dingwall

Here is a retrospective view of paranormal healing through the ages, linking medical mysteries of the past with today's search for cures

MAN'S search for health and relief of tension has, throughout the ages, been one of his most absorbing activities. The menace of disease and death hangs forever over him; and those who offer him alleviation of suffering and hope of immortality have always been venerated as persons dedicated to the well-being of their fellows and as guides to the higher life.

Disease strikes indiscriminately. It affects rich and poor alike; is capricious in its action; tends to appear and disappear like magic; and in many cases would seem to be the sure herald of approaching death, were not some miraculous intervention destined to turn aside its inexorable course.

SHOU
Chinese Symbol of Longevity and Health

To primitive man disease and death were often not natural accompaniments to human life, but were the work of hostile forces which had to be resisted or appeased. The supernatural was everywhere: demons were always ready to strike, and it was only through ceremonial ritual and similar means that their malignancy could be averted. The treatment of disease, therefore, was closely allied to religious observance. We find in early civilizations, such as that of Babylonia, that demonism and the occult were so intertwined with medical practice that it is not easy to see how far natural causes were thought to be responsible for ill health, especially in cases particu-

larly puzzling to the physicians. In ancient Egypt a great number of diseases were known. The Ebers papyrus alone lists over one hundred of them. But there is little evidence to show that any gods were held to be responsible. Human ills were rather ascribed to the work of evil spirits, who were often considered as ready to enter into a man to do him harm and to weaken his vitality. In Egypt, as in every other part of the world, we find rational conceptions in medicine struggling against ideas rooted in religious beliefs and practices. Often the two can be found side by side, exactly as is the case at the present time.

In ancient India, just as in the other early civilizations, medical practice was closely associated with religious ideas. Both charms and magical formulae were often thought to be useful against the malignancy of demons. In later epochs, especially in the Buddhist period and that which followed it, Indian medicine gradually became more rational, drugs were employed in large quantities and surgery became considerably developed, as its methods were clear and its results often unambiguous.

Early Jewish medicine was much influenced by beliefs that disease was closely connected with sin. These conceptions are well exemplified both in the Bible and in Rabbinical literature, so that sometimes it is difficult to distinguish the duties of the priest from those of the physician. Moreover, the inability of man to comprehend the true nature of the universe, and the essential character of the Divine Plan, made it impossible for him to lay down any hard and fast rules regarding the ultimate nature and origin of disease. Thus it remained a mystery, the secrets of which had yet to be revealed.

IT is when we turn to ancient Greece that we can begin to see more clearly how the two methods of treating disease began to be separated and how they were able to flourish side by side. The Greek medical system had various roots and, as was to be expected, many different elements became fused and only left traces here and there of their ancient origins. Thus the theory of demonic influence, which so permeated medical history that it still survives, may have been derived from even earlier sources than Assyria and Babylonia, and the influence of Mesopotamia was also very considerable. Egypt also provided much, in drugs, surgery and even ethics, and these were taken over by the Greeks.

As we have said, it is in Greece that we can see operating the two great divisions of medical art and practice, the one supposedly strictly rational and founded on the operation of what were called "nat-

ural" laws, and the other closely allied to psychological factors and regarded as mere superstition and charlatanry by those who believed themselves to be the upholders of healing based on rational principles. What must never be forgotten is that the Greeks, as shown in the great Hippocratic Collection, knew the necessity of careful observation, experiment, clinical instruction and the collection of cases. Hippocrates, who lived about 420 B.C., has well been called the Father of Medicine, for it was through him and his followers that the solid foundations of rational medicine were laid and emphasis transferred from the capricious working of divinities to the inexorable operation of natural laws.

Among the early naturalists, Aristotle, who flourished in 350 B.C., was supreme. Not only did he study the comparative anatomy of many creatures but his teachings were the basis of many biological and psychological ideas of the greatest importance. A convinced exponent of vitalism, Aristotle held the view that living matter was such because it was linked to a *psyche* and that it was this mysterious factor which was the chief formative element in the development of the body. Unlike Plato and many who came after him and who taught in the great medical school at Alexandria, Aristotle placed the importance of the heart above that of the brain, an opinion which had to be abandoned in face of the evidence. But even such teachers as Erasistratus, however much they wished to adopt a system of rational medicine, found themselves forced to postulate that some mysterious "spirit" or subtle essence was closely connected with corporeal structure.

IF we wish to get a clear idea of the kind of psychological healing which was carried on in Greece, side by side with so-called rational medicine, we cannot do better than glance at the practice of *incubation,* or sleeping in certain sacred spots, which can be regarded as a religious act through which a person is put in touch with the divinity in order to obtain some revelation about the future or a cure of some bodily or mental illness. Divinities thus open to approach formed a restricted class, and it was only in temples or special buildings dedicated to them that persons were accustomed to pass the night, in order, if possible, to obtain the vision and its results. For it was through dreams and whispered suggestions by the priest that the will of the God was revealed and the suppliant thereupon sometimes relieved of his sufferings.

As is so often the case, many preparations had to be made before final treatment was attempted.

Diet was regulated; baths were prescribed; sometimes massage was given with various aromatic unguents; histories were told of miraculous cures, and the suggestions were enforced by showing the patient the results which had been achieved with others. Those seeking such relief were accustomed to stretch themselves on the bare earth or on skins extended on the ground. The earth was chosen because of its importance in the scheme of creation; for within the earth were thought to be hidden the germs of life, which finally returned hither and from which the Shades of the dead were wont to emerge. During the night and at early dawn, the priests moved silently about the building, sometimes accompanied by children representing divine offspring. They whispered words of comfort and health to the patients, laying their hands upon them and doing everything possible to suggest the healing power of the divine presence.

Since incubation was one of the best methods of medical divination, the cult of Aesculapius was of considerable importance, as was similarly that of the hero of Argos, Amphiaraus, in whose temples at Oropus and Thebes incubation was commonly practiced, the proceedings being satirized by Aristophanes in one of his comedies. In a few cases priests acted as intermediaries between the divinities and their suppliants, not only receiving the wishes of these arriving, but also reporting results and initiating treatments.

In places visited by comparatively few pilgrims, incubation took place in the temple itself, but in the more popular resorts the sufferers were accomodated in special buildings, such as those of the great center at Epidaurus; there the inscriptions provide us with some insight into the nature, not only of the miracle-working dreams themselves, but of the kind of cures effected and details of the means by which the cures were achieved. With the triumph of Christianity these healing sanctuaries were continued and we find shrines dedicated to potent healers like SS. Cosmos and Damian instead of to Aesculapius or Amphiaraus.

WITH the rise of Rome, medicine, apart from popular cults like that of Epidaurus which had been taken over from Greece, became more and more practical and utilitarian. Military needs encouraged the craft of the surgeon, and the use of hospitals began to be more widely known. In spite of the emphasis on the efficient and the practical, Roman speculative medicine, as exemplified by Galen, exhibited all the tendencies to explain mysterious phenomena in terms of subtle "essences" or "spirits" through which functions of

the animal organism were affected.

With the fall of the Western Roman Empire the cultural darkness which ensued affected medicine, as it affected everything else. It is true that Arabic medicine made some notable advances, but it was not until the fifteenth century that the art of medicine was able to share in the revival of learning, which led to renewed acquaintance with Greek writers and commentators. Among those who contributed most to the development of what was afterwards to become psychological healing was Paracelsus, who was born at the close of the fifteenth century. In him were combined physician and occultist, alchemist and astrologer. To him the Prime Essence was everything; the universe was, in a sense, an immense vibrating entity and the pulses of one part were felt and influenced by the pulses of another.

Thus, as Paracelsus saw it, diseases were much more complicated than was generally supposed. Although some were caused by obvious noxious substances, others had their root in the mind of the sufferer, while still others were caused by stellar or planetary influences. It is this insistence on the importance of vibrations, and recognition of the primal essence pervading the universe, that paved the way for later theories which, in their turn, received nourishment from prevailing ideas of so-called "magnetic" influence. Such writers as R. Goclenius, J. E. Burggrav and J. B. van Helmont hazarded the guess that man's inner powers might be able to control these influences and that his imaginative faculties might affect others even at a distance.

Proceeding a step further, the noted physician Robert Fludd (1574-1637) held that actual "magnetic" radiations were emitted by men, and that these radiations were capable of both positive and negative results, beliefs which were still further developed by Sebastian Wirdig and the Scot, William Maxwell, who began seriously to apply the theory of "magnetism" to the cure of disease.

WITH the spread of philosophical speculation and learned disquisition about the nature of the magnetic "fluid" and its power of causing good or harm, came the opportunity for more practical men to put the theories to test for themselves. Healing by touch had had an ancient and highly respectable history, and now it seemed that men were beginning to understand a little more about the power apparently being transferred from operator to patient. Certainly some of the cures reported seemed remarkable, although they differed but little from those reported before or since. Among the most

famous "stroking healers" in the middle of the seventeenth century was Valentine Greatrakes, the friend of the famous Lady Conway of Ragley and of Henry More, who cured all manner of diseases by touch and the laying on of hands.

So little was the process understood, in spite of van Helmont's insistence on the power of the imagination, that in some cases the theories underlying the healing touch were linked with those derived from the theological position of the operators. A striking example of this was the case of the Catholic priest, Johann J. Gassner, who was born less than ten years before Mesmer (1734-1815) and who combined a "magnetic" touch and stroking technique with a belief that the cures he effected were due to his operations chasing out the devils who afflicted his patients. It was left to his illustrious contemporary Franz Anton Mesmer to direct the attention of the learned world to the phenomenon of animal magnetism, which in turn led the way to hypnotism, suggestion and the other healing cults, all of which are, in greater or less degree, connected with the mysterious operations of psychological healing.

MESMER, although cherishing curious ideas on the influence of planets on human beings, nevertheless held certain convictions on healing processes which are of great importance. He pointed out how, in all ages, people have been cured of their maladies through the operation of some active principle which, independently of their own volition or theories they had formed about it, acts in some extraordinary way and effects changes which tend towards cure. Through his experiments in what he called "magnetism," Mesmer concluded that this strange force was some kind of all-penetrating "fluid" or subtle essence which, when controlled or at least directed by the operator, was able to assist in the treatment of diseased conditions.

There seems little doubt that Mesmer at first was himself somewhat confused as to the precise relationship that existed between the magnetism exerted by the common magnet and the "animal magnetism" used in his treatment. In his famous letter to a foreign physician (which was issued at Altona in 1775) he tried to clarify some of his ideas and to distinguish the different kinds of magnetism and the properties they displayed. It may have been through such speculations as these that Mesmer began to discard the use of magnets and similar apparatus, since opponents of his teaching and the reports of the Commissions were tending towards ascribing his cures

to "imagination," just as modern critics so often ascribe so-called miracle cures to "suggestion."

The belief in the power of what was called "imagination" was not new. Indeed, Montaigne had expressed the opinion that it was chiefly responsible for visions, enchantments and similar effects; and he rightly maintained that in curing the body, if the patient's mind were filled with hope and assurance, then things would go well, a fact which could be seen in the successes achieved by some "ignorant and bungling horse-doctor" in whom the patient believed, as compared with the failures of the most skilled physician in whom the sick man had little confidence.

A few years later Pierre Charron went even further in his speculations than did his friend Montaigne. He pointed out that imagination was a powerful force and its effects were sometimes both marvellous and strange. States of ecstacy, in which the subject fell into trance and exhibited clairvoyance and prevision, he attributed to the same cause, and he maintained that many miracles and visions are due to the imaginative power either of the agent or of the patient or spectators who think they see with their eyes what in reality they do not.

JUST as mesmerism slowly fell into disrepute, in spite of the undoubted successes it achieved in treating those afflicted with nervous disorders, so did the various later developments tend to suffer the same fate, only to be revived later under new names and arrayed in a garb better suited to those to whom their ministrations were directed. We have only to think of Christian Science, with its Malicious Animal Magnetism, and of the many modern schools of healing where "radiations" or noxious "earth rays" play their part, to see that the new is merely the old in a different guise.

It is a striking fact that today we seem almost in the same position as the sufferers in the temple of Aesculapius. Cures are effected; patients are relieved of their symptoms; apparently paranormal effects are produced—but how?

That is the paramount question in the problem of paranormal healing. Some attribute the effects to God, others to the spirits of the dead, still others to mysterious rays, to "suggestion," to "imagination," to the "power within."

Rational medicine reports its successes in the physical, physiological, chemical and biological processes and looks askance at phenomena which seem not to fit too easily in the framework it has constructed. Yet, just as before, men will not be silenced. Whether it be at Lourdes, or in a Church of Christ Scientist, or at a group healing in London,

New York or Naples, or in a psychological clinic for the treatment of "psychomatic" diseases or for "hypnotherapy," the testimony is the same: "One thing I know, that whereas I was blind, now I see." (John IX, 25.)

The results, obscured as they are in many cases by erroneous diagnosis, by ill-founded claims and by other factors, are there.

How many strictly orthodox medical clinics could tell of cases which, according to all expectation, ought to develop in one way but actually develop in another?

How many placebos are administered every day to patients all over the world?

The fact is that they sometimes *work*. Why they work and how the effects are produced and controlled has, as we have said, been *the* problem of paranormal healing down the ages. It is still the problem today.

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DERVISH DIARY

By Carl Vett

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MEDICAL MAGICIANS

by Julian Franklin

The sorcerer's "evil spirits" have been replaced by the "bacteria" of modern science—both challenge the skill and power of the healer

IN Western Civilization the accepted concept of the cause of disease is materialistic: biological. It is commonly understood that when bacteria invade tissue, where they remain militant and flourishing after being bombarded by whatever treatment generally proves beneficial in such cases, the patient may be passed from the defeated physician to the invincible surgeon, who removes the morbid tissue and so prolongs the sufferer's life.

If, notwithstanding an optimistic prognosis, the patient is a "coward," or a "crank," or a person motivated by some strong, if unconventional, principle and, refusing to submit to the knife, he consults a "quack" who applies charms of either a physical or a mental quality (even without the added potency of accompanying incantation), after which the invalid recovers—the cure is placed in the category of the miraculous.

In primitive society a fully-conscious acceptance of a philosophical, spiritualistic concept of disease is the rule; and when attacked by sickness the sufferer immediately places himself unreservedly in the competent hands of the tribal (or village) medicine man, seer, witch doctor, magician, sorcerer, shaman, or other practitioner.

This important functionary, who may also be a priest, or a secular chief, is ignorant of bacteria, unaware of the metabolic functions of the internal organs, and no believer in either hormones or vitamins; yet, often without the application of even mild herbal remedies, frequently through the influence of a charm which is generally enhanced in its potency by incantation, he effects the expected cure, and white man's medical magic, with hypodermic syringe, non-herbal active drugs, and surgical excision, remains simply white man's magic.

IN a brief article of this kind it is impossible to adduce ethnographic and chronological data: one is forced to create a space-and-time-annihilating composite in which elements of belief and custom from Australasia, Indonesia, Polynesia, Melanesia, Micronesia, the Malays and the Americas blend into a homogeneous whole.

It is not unreasonable to do this, nor is it misleading, for at some time in the distant past a cultural influence swept round the world. The carriers of this archaic civilization have left identifiable traces wherever they set foot. They were apparently Sun-Worshippers, who worked mines, erected monolithic monuments, cultivated crops by irrigation (even where "dry" cultivation was possible) and gave the aboriginal inhabitants ideas of social organization, magic and religion.

These culture-bearing heroes may be recognized in the sky-god myth, and the magico-religious motif of all primitive people who have a cultural life. Frequently the original teaching has become decadent and distorted till it is represented by a symbolic act alone, but though the overt exercises differ sharply from island to island, or from tribe to tribe, the esoteric motive force is identical, and no culture trait is more clearly-defined than is the medico-magical complex, which can be detected deep down, even in Western civilization. Our own medical science is young: it did not exist before Joseph Lister established antiseptics a century ago, Sir James Young Simpson, anaesthetics; and Robert Koch, bacteriology. A hundred years ago the best physicians knew no more than Hippocrates had known. They prescribed mere witches' brews; surgeons had made no advance on the technique of the barbers. Patients recovered in spite of, not because of treatment.

The history of medicine is a humorous history: *lignum vitae,* portable gold, sympathetic powder and Perkin's tractors all had their day as *the* cure—and what will posterity have to say about penicillin?

The literature of primitive medical practice is extensive. Each ethnographic area has been written up by everyone from the horrified missionary to the tolerant, aiding and abetting cultural anthropologist. It is a matrix of millions of words in which gleams the jewel of the human touch. Seek, and ye shall find with Dr. Robert Fortune the melancholy sentimental soul of the cannibals of Dobu, and with Bronislaw Malinowski the child-like laughter-loving spirit of the Trobrianders, and in both peoples the mysticism Christian saints have striven after.

Missionization and detribalization of primitive folk, and the pro-

vision for their welfare of motorized health services has touched only the surface. The people, appreciative, patronize the medical unit's mobile clinic, but when on its way to the next village it moves off into the depths of the jungle, the witch doctor emerges. White man's magic deals largely with endemic diseases and, since everyone is affected by them, they are the normal condition; the native does not regard them as forms of sickness at all.

Henry E. Sigerist in *A History of Medicine* (Vol. I, p. 66) says: "Ackernecht once pointed out correctly that to seventeenth century Europeans, Indian Medicine was anything but strange or primitive. This, after all, was the time of Molière, and therapy did not consist of very much more than *clysterium donaire, postea seignare, ensuite purgare.* Belief in witchcraft and possession by demons had not yet been overcome, and miracle cures in churches were reported frequently. A European peasant and an American Indian had a great deal in common and there was no reason why one of them should have considered the other primitive."

IN mid-twentieth century, the belief in witchcraft and possession is largely, though not wholly, overcome in Western civilization; but the equally unenlightened conception of the punitive function of disease in general is still held. It is cherished by people who adhere to exacting religious sects and who therefore conform to the spiritual rigor of disciplinary action, "unto the third and fourth generation," imposed by a vengeful Deity. Far more widespread is the conception of the punitive function of disease in particular of venereal disease. Subscribers to this theory include atheists, and others disinclined toward "superstitious beliefs."

Strangely enough it is an incontestable fact that when a patient complains of severe belly ache, both the civilized general practitioner and the primitive witch doctor may be right in ascribing the trouble to retribution following the breaking of food taboos. In both societies minor ailments—coughs, colds, and the like—are not placed in the category of "disease" and, if regarded at all, they are expected to yield to simple home remedies. The civilized man has faith, and attractively-wrapped little boxes of medical confectionery; the primitive has his herbal decoctions, and a little private magic. Both are harmless. It must be allowed, however, that modern European medical science received instruction from primitive people in the beneficial effect of certain drugs. The list includes opium, chinchona, caffein, digitalis, squills, cascara-sagrada, and ipecacuanha.

Chinchona (quinine) is particularly interesting in this context. It kills the malaria plasmodium when that parasitic organism is present in the patient's blood, but it has no wider effect, and cannot influence the course of any other fever; yet civilized doctors prescribe it (perhaps because the public expects it) as a cure for all forms of disorder when the body temperature is (or is thought by the patient to be) above normal. No patent-medicine cold-cure could be sold without it as the chief ingredient.

It is only when he is attacked by serious illness that the sufferer seeks the aid of the doctor: in the one society to ascertain which germ has found a nesting place, or which organ has become deranged; in the other, to discover which taboo has been violated, which relation or neighbor, which departed ancestor, or which spirit of non-human origin offended. If the condition is very serious, it may be necessary to divine which demon is in possession. Taboos may be transgressed easily and unintentionally; one's neighbors, or the intangible inhabitants of the spirit world unwittingly insulted; whereupon revenge will take the form of the induction of disease. This is accomplished in one of two ways: either some foreign body is magically introduced into the victim, or part of his soul is extracted.

DR. W. H. R. RIVERS, who was among pioneer cultural anthropologists, gave the triverbal title *Medicine, Magic and Religion* to his FitzPatrick Lectures delivered before the Royal College of Physicians of London in 1915 and 1916. This happy partnership has never been dissolved. The phrase has since been employed so often by so many writers on the subject that it may as well be spelled without spaces between the words. However, to distinguish between magic and religion is not easy; hence, it is equally difficult to define where the services of the primitive healer cease to be those of the doctor, and become those of the priest.

To the uncivilized mind the world is inhabited by spirits no less than by material beings. Deities, demons, and the ghosts of departed ancestors are hovering, invisible but real, in and about the village; every living thing, and each inanimate object, has a spirit of its own; all human beings are able to enter the spirit world, for part of its territory is the land of dreams. Primitive people accept responsibility for their dream behavior, and if Sigmund Freud's definition is correct, namely that the dream is a disguised fulfilment of an unconscious wish, then the savage is displaying an exquisite morale sense quite in keeping with recent Western conceptions.

In both civilized and primitive practice the doctor's first duty is diagnosis. Having discovered the nature of the disorder, and perhaps its cause, which may be either addition (of bacteria) or subtraction (of normal functions), the cure can be attempted. When the civilized doctor is wrong, but the patient recovers, the therapeutical forces in operation are no different from those that command the situation in savage society where the disorder arises from either addition (of an object) or subtraction (of vitality). Both conditions may be the result of human malice or else spirit talion. In the former circumstance the ensuing treatment is a form of magical, in the latter, of religious, exercise.

DISEASE includes accident. Dr. Rivers points out that a man accustomed to climbing trees does not believe it possible for him to fall from one unless evil forces give the appearance of a branch that has no objective existence. Death in battle is regarded as the outcome of a sorcerer's having directed the weapons of the opponent; and fatal snake bite comes from an enemy shape-changed for the occasion.

The type of objects believed to be projected into the victim are small pebbles, crystals of quartz, fragments of bone or wood, leaves and the like; but the worst and most pain-imparting foreign bodies are those especially made for the purpose: as, for example, a splinter of bone or hardwood carved into the form of a barbed dart. These are particularly distressing because an invisible string may be attached, (as the fishing line is to the hook) upon which spirit agencies give an occasional tug.

Intrusive objects reach their destination in various ways. Offended spirits conjure them into position by occult means without the use of apparatus; sorcerers project them through the medium of an instrument. The projectile is wrapped in leaves, fibres, gums and other ingredients, each of which is symbolical of some form of illness, pain or disability, and with every layer of wrapping, spells and incantations are chanted. The whole is then introduced into a section of hollow bamboo, or bone, sealed at one end and stoppered at the other by the ball of the sorcerer's thumb. Thus dangerously armed he lies in wait for his intended victim at whom he points the power-charged gun. He then releases the potent contents by removing his thumb. A verbal formula may be repeated to urge the "medicine" into flight.

The sorcerer is well aware that the enchanted missile, secure in its numerous, often tough, and sometimes sticky wrappings, remains in side the pointing-stick, and the

victim knows equally that this is the case. Nevertheless when he sees his enemy performing the magical act, he accepts the inevitable and becomes more or less seriously ill.

An intangible image has sped from the medicine gun and has materialized in the body of the victim. To cure the resultant malady the intrusive object must be located, identified, and removed.

The cause of the sickness is unknown in cases of supposed spirit intervention; or when the enemy's magic has been performed while the victim slept; for the essence, like wireless waves, can pass through the walls of a hut. Hence, under these circumstances, the first part of the practitioner's task is to discover which neighbor, or which spirit, has been offended or which taboo broken. This preliminary phase of treatment is accomplished by a process of logical interrogation as well as divination, after which the main body of therapy—the operation—consists of extracting the cause of the trouble.

The object, when located, is brought by means of massage into an accessible position; then, if it has invisible strings attached, these must be severed, after which, by grasping the portion of the anatomy in which the object now rests and sucking violently, the practitioner draws the foreign body up out of the flesh and through the skin into his mouth. Having thus captured it, he spits it out and displays it to his patient who is then cured, and who will, within a matter of a few hours, go about his normal business.

TIME was when Europeans, missionaries and others, condemned the primitive medical practitioner as a charlatan because, having diagnosed the presence of a pebble, he places one in his mouth in readiness for the sucking rite, or palms one if the extraction is to be by hand, and his whole performance is set in a haze of holy terror and hypnotism.

These critical moral reformers were wrong in their judgment because their minds were rendered inflexible by the materialism of Western Civilization. The primitive practitioner is a conscious hypnotist and conjuror, but not a charlatan. The intrusive object had been propelled by the spirits, or projected by the sorcerer in the form of its disintegrated mobile essence which re-assembled in the sick man's body. The medicine man's magical rites again dematerialized the object, and his legerdemain provided a "body" of which it could possess itself upon its egress from the victim.

When disease is believed to be caused by the presence, not of a material object, but of a spirit entity, a carven figure is sometimes provided for the housing of the

ghost or demon when it is ejected from its present host. Such dangerous forces cannot be permitted to roam about at random.

The underlying idea of the intrusion of a foreign body is not very far removed from some Western medical theory. Rheumatoid afflictions are attributed to crystals in the tissues, and a beneficial item of treatment is massage. If the chiropractor could, by cupping, produce a few of the pain-inflicting crystals, some of the curiously expensive "cures" achieved by fashionable doctors in civilized cities might be as enduring as those wrought by the "benighted savages" in their nameless villages.

Abstraction of soul substance as a means of causing sickness is achieved by both spirits and sorcerers by their working upon something that is personal to the intended victim. Excrement, spittle, a drop of perspiration, hair clippings, nail parings, or even an intimate garment such as a loin cloth, are believed to remain within the soul-territory of the person from whom they come and can, therefore, by magical rites, be used as a syphon to drain vitality from the owner.

Part of the process of disease-induction by soul abstraction is similar to the preparatory stage of object projection. As, for example, the bone splinter was wrapped in various symbolic layers, and was power-charged during the process by incantation and rites that imbued the destructive qualities, so the, let us say, nail parings are ritualistically wrapped, each layer magically enclosing some valuable attribute of soul-substance which is thus being drained out of the victim. When all is done the bundle may be buried, or burned, or cast into a river.

The task confronting the practitioner is to deduce which elements of soul-substance are wanting, and then divine whether these deficiencies are due to sorcery or to spirit intervention. The next phase of the curative process is to go in search of, find, and ultimately restore to the sufferer the vital factors that he is lacking.

Since soul substance, whether syphoned off by a sorcerer, or exhausted by a ghost or demon, can only dwell in the spirit-world, it is there that the healer must make his investigations. He does this in a self-induced trance state, or in the dream life of drugged sleep. Having located his patient's lost spiritual property, its rescue may be no easy matter. Perhaps a "soul-trap" will have to be made, set in the jungle, and there incessantly watched. Cunning to outwit the ghosts who guard the soul, or courage to enter into a combat with a demon may be called for, but the healer's professional integrity is at stake; he hesitates at no hazards on behalf of his patient

into whom the stolen soul substance is ultimately re-charged.

THE third type of sicknesses, those ascribed to demoniac possession, are treated by exorcism which does not differ in essence from such practices as performed by Christian priests in Europe down to very recent times. As previously mentioned, the expelled demon must, in all cases, be provided with a refuge, and the carven figures employed in some parts of the world to harbor the spirit are a specialized refinement. In other places it may be sufficient to lure the occult parasite out of the patient and into a passing stream, or even to conduct it into the jungle, and either order or cajole it to make its own way home.

It is not long since insanity, particularly raving lunacy, was held in the West to be in the category of demoniac possession. It was the province of the priest rather than the physician, and if the evil spirit would not yield to bell, book and candle, the patient was beaten and burned with red-hot irons. This treatment made the demon so very uncomfortable in its quarters that the prescription was repeated periodically. It was thought to be a good principle of practice, for if the patient was so wicked that he would not release the discomforted demon, anxious to depart, then he deserved punishment for himself.

EUROPEAN medicine has advanced far in the last century. Modern medical knowledge, if not yet complete, is at least rational—the outcome of controlled experiments—therefore a European physician may be expected to cure disease in a savage; but a primitive practitioner, whose corpus of both theory and practice has remained static for centuries, could not cure a sick European.

This is true in part. In theory only can modern European medical science benefit primitive invalids. Sometimes they choose to die and nothing can stop them. There is also the classic example of the European doctor who wrote a prescription for a primitive (or semi-primitive) patient to take to the European dispensary. However, the patient boiled the paper to pulp and drank the resulting decoction from which he derived great benefit.

It cannot be denied that the primitive doctor effects cures on his primitive patients. Those who contend that the sufferer's recovery is due solely to the process of nature, and that the medicine man takes the credit for it, seem to overlook the fact that the same situation could exist in Harley Street, London, or at Johns Hopkins Hospital, Baltimore. There has been but one Ambrose Pare whose medical axiom was: "I dressed his wounds and God healed him."

WHAT IS A MIRACLE?

by Francois Leuret

The faith of 2,000 years and the cautious scrutiny of 5,000 medical men support the view that the miracles at Lourdes are signs of the Divine

THE definition of a miracle is based on an assumption of faith; that is, on the recognition of the existence of a personal, living Being, who is the creator and ruler of all things, and who, through an act of his free will, is able to suspend the operations of cosmic or biological laws that He himself has established.

To the believer, such an interruption of the laws of nature constitutes a miracle; whereas the unbeliever merely regards it as something unusual, and is convinced that some natural explanation for the event will be found in due time. Under these conditions, the first problem is therefore to verify the facts. Cosmic phenomena which may occur are still beyond our grasp; however, biological facts, and particularly the cures of illnesses, can easily be verified.

The accounts of extraordinary events, frequently classified by popular belief as miracles, emanate from all parts of the world; however only in Lourdes does there exist a medical body, working along strictly scientific lines, which is qualified to check and verify the "facts" that are submitted. Its role is purely an objective one; it is not qualified to interpret results or to declare that a particular event is, or is not, of miraculous nature; the theological bodies alone are qualified to issue such interpretations.

THE Lourdes Medical Bureau is not concerned with evaluating miracles, but solely with the examination of the cures. In this framework, the Medical Bureau studies the patient's case *before* the pilgrimage, as well as *during* and *after* the pilgrimage. The second phase of this operation falls within

Dr. Francois Leuret was Director of the Lourdes Medical Bureau until his death. This article summarizes a paper which Dr. Leuret delivered at the international conference of parapsychological studies, "Study Group in Unorthodox Healing," which took place at St. Paul de Vence, France, from April 27 to May 1, 1954.

the responsibility of the Bureau itself, while the final phase is conducted by the Association of Lourdes Doctors (numbering 5,500); and the subsequent checks are made by the International Medical Commission, consisting of one hundred physicians of many nationalities.

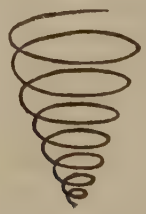
When, as a result of these inquiries, a cure is acknowledged to have no natural explanation, and as going beyond natural processes, it is forwarded to the theological commissions for their consideration. This brings the following results:

(I) The first result is the elimination of frauds, and primarily of mental cases. The exclusion of the mentally ill from the Medical Bureau means that they are in Lourdes merely as individuals.

(II) Twelve hundred cases have been upheld by the Medical Bureau, but rejected by other jurisdictions, mostly because of insufficient data. The cases of Winifred Feely and Gerard Baidie are typical of this category.

(III) Forty-nine miracles have been acknowledged and proclaimed as such by the theologians. These include the cases of Justin Duconte-Bouhohorts; P. de Rudder; Rose Martin; Jeanne Fretel and Colonel Pellegrin.

In these investigations, one basic error, namely the search for evidence as such, is to be avoided. There can be no evidence since a miracle is never a proof, but a sign; it is a motive for reflection and of credulity. An amputated leg cannot be restored. God, having created us in a state of freedom, will exert no pressure over our intelligence or our will. We have every reason to believe in Him. It is up to us to give way in our pride and freely offer him our faith.



Faith Healing At Lourdes

by Donald J. West

A New Look at "Miracle Cures"

THE establishment of primary facts forms a large part of all parapsychological work, but nowhere is this first hurdle so difficult as in the investigation of unorthodox healing. Clinical reports, if they are to yield information of value to science, must be based on skilled and detailed observation backed by objective tests, such as X-rays and biopsies. Unfortunately, in cases of unorthodox healing, detailed medical evidence is often unobtainable. Qualified medical men cannot send their patients to unorthodox healers, and patients who visit healers can rarely secure the co-operation of their own medical practitioner in the investigation of the effects of treatment.

Faith healing at Lourdes occupies a unique position, for at that center there exists a medical or-

Statue of St. Bernadette, Lourdes

ganization, the *Bureau Médical de Lourdes,* whose specific function is to investigate unusual cures and to report on all those that seem inexplicable to medical science. At Lourdes, therefore, the parapsychologist has at hand a useful collection of data that has already been appraised and analyzed by medical experts. Although extremely interesting, these records have never been published in full. They are contained in private dossiers at the Lourdes Bureau, and summaries from time to time appear in the quarterly *Bulletin* of the International Medical Association of Lourdes. The author of this article is at this moment engaged, on behalf of the Parapsychology Foundation, in a study of these Lourdes records from the parapsychological standpoint. This article is in no way a final judgment of the Lourdes material, but merely a tentative outline of the writer's method of approach.

THE appointment, in 1947, of the late Dr. Francois Leuret as President of the Lourdes Medical Bureau heralded a new period of active investigation. Previously, the lack of systematic medical records had provoked criticism from Catholic doctors. During the occupation of France in the last war, a number of medical men met under the auspices of the Medical Society of Saint Luke, and as a result several specialists were asked to examine the Lourdes archives for cures of disorders about which they had specialized knowledge. In the introduction to their reports, which were published by the "Cahiers Laennec," appeared the following statement: "One ought to mention here that there are no archives, no documents and no case histories at Lourdes. It was only by means of oral traditions . . . that the workers were able to get on the tracks of the cases."*

* English translation available in *New Problems of Medical Ethics,* edited by Dom Peter Flood. Cork, Mercier Press, 1953.

In their reports, the doctors pleaded for a more thorough investigation of all cases, both before and after cure, so as to place the diagnosis and the disappearance of the signs of disease beyond dispute. In recent years the Lourdes Medical Bureau has been engaged on precisely this task: checking, investigating and recording medical data from the sick persons who take part in pilgrimages, re-examining and following up all those who report striking improvement.

In 1946, after an interval of thirty-three years, Canonical Commissions resumed the function of judging Lourdes cures, and began once more to declare certain cases miraculous. Since then a total of nine cases have been deemed mi-

aculous, an average of about ne a year. This small group of nodern cases holds a special inter- st for parapsychologists. The ases are elaborately recorded and ocumented, and a study of them night show a parallel between nese seemingly inexplicable physi- al changes in diseased bodies and ne seemingly inexplicable changes n the behavior of "willed" dice in sycho-kinesis experiments. Before arallels can be drawn, however, ne needs to know something more bout the characteristics of the re- narkable cures at Lourdes.

IN the first place, the Lourdes reports mainly concern in- tances of restoration of function. The miracle of the regeneration f a missing limb or a lost eye has et to be claimed, although cures f paralysis and blindness are lentiful. In the second place, al- nough miraculous cures are often eferred to as "instantaneous," in nost cases the description "very apid" would be more appropri- te.

Many of the cures concern nronic conditions, in which there as been a protracted struggle be- veen the disease forces and the ck person's powers of resistance. he effect of the Lourdes influ- nce seems to be to tip the balance favor of the patient and enable is recuperative powers swiftly to assert themselves.

An example of this kind is the case of Colonel Paul Pellegrin.

Colonel Pellegrin, formerly an officer in the French Colonial Army, was admitted to hospital in Toulon in 1949. For the preceding month his health had been poor, he was running a fever, and he had a tender area low down on the right side of his chest. He was thought to have an abscess of the liver, possibly the consequence of an attack of amoebic dysentery that he had suffered some twenty years before. He was given emetine, then penicillin, but without improvement.

In March 1949, an exploratory puncture confirmed the presence of an abscess and the next day he was operated upon. The abscess was incised and a large quantity of pus was released. His condition at once improved, his pain was relieved and his temperature came down. But the incision would not completely heal; a fistula remained which continued to discharge.

In June 1949, the discharge became frankly purulent and the fever recurred. Col. Pellegrin was treated with various chemotherapy, including streptomycin and P.A.S., and also with quinine injected into the fistula. By September 1950, although his general state was good, and he no longer had any fever, the fistula was still open and it was discharging purulent matter. Repeated bacteriological

examinations had shown a mixed flora, predominantly staphylococcus aureus, so it was assumed that the abscess cavity must have become secondarily infected following the operation.

In October 1950 Col. Pellegrin took part in a pilgrimage to Lourdes. He bathed twice. After his second immersion, on October 3, when his wife came to replace the wet dressing, she noticed that there did not seem to be any oozing from the opening of the fistula. When she changed the dressing again next day, she found it clean, with no trace of discharge.

At the time neither the patient nor his wife thought that a cure had taken place, for on various occasions previously the discharge had temporarily ceased, only to recur later the same as before. Col. Pellegrin returned from Lourdes to Toulon and was seen by his doctor at the hospital in November. The doctor was surprised to find the fistula well healed. This time the closure was permanent.

Col. Pellegrin was re-examined in October 1951 and again in October 1952. He remained well and the only sign he showed was a supple, non-adherent scar in the middle of which was a depression, well healed over, in place of the opening of the fistula. The Lourdes Medical Commission considered that, although there was some doubt about the precise cause of the infection, there could be no normal medical explanation for this quasi-instantaneous closure of a fistula that had been discharging for eighteen months.

This is probably a typical Lourdes case. The condition was not intrinsically incurable, but Col. Pellegrin's recovery seemed remarkable because it was so swift and complete. In appraising such a cure one must keep in mind the fact that it is one selected case from among the thousands who visit Lourdes every year. Therefore, the possibility of a spontaneous recovery coinciding by chance with a visit to Lourdes can never be lightly discounted.

Col. Pellegrin's fistula had certainly been present a long time, but he was not seriously ill as a result. In fact, in February 1950, the surgeon who had performed the operation examined him, noted that he had gained 14 kilos [31 U.S. pounds] in weight, and pronounced that he was in "superb" general condition. One could, perhaps, regard the closure of the fistula at Lourdes as the culminating point of a natural healing process. In the last resort one's opinion in a particular instance must be influenced by knowledge of other cases. Col. Pellegrin's recovery might easily be written off as a coincidence but for the existence of other interesting "coincidences" at Lourdes.

THE case of Madame Jeanne Gestas, another of the cures deemed miraculous, illustrates well some of the technical difficulties in the evaluation of such cures. In December 1943 this lady underwent a gastrectomy operation for an ulcer of the lesser curvature of the stomach which had failed to respond to medical treatment. In March 1944 X-ray examination revealed a diaphragmatic hernia containing a small portion of stomach, and for this condition she was operated upon once again in May that year.

The post-operative period was complicated by a pronounced peritoneal reaction. In November 1945 the patient still complained of abdominal pain and a further X-ray was taken showing another small diaphragmatic hernia. The abdomen was opened a third time in January 1946, and a mass of adhesions in the epigastric region were liberated.

The post-operative period was complicated by shock, fever and a persistent fistula. Madame Gestas continued to suffer from dyspepsia, constipation, vomiting, abdominal pain and alarming attacks of partial intestinal obstruction. In August 1946 she visited Lourdes for the first time. On her return she felt better. Vomiting ceased, her pains became less troublesome, and her attacks of partial obstruction were much fewer.

Her general state was still unsatisfactory, however, and she still had some recurrences of abdominal pain which her doctor attributed to peritoneal adhesions. She also suffered from fainting after meals and attacks of giddiness. (This last might have been due to a temporary Dumping syndrome. The X-ray taken in November 1945 had shown an excessively rapid emptying of the stomach through the surgical anastamosis.)

Madame Gestas visited Lourdes a second time in 1947. After bathing on the morning of August 23, she experienced a tearing sensation in her abdomen. She ate a light lunch afterwards, and in the afternoon noted that her pains had diminished. Two days later she felt completely better and was able to give up her invalid diet. Thereafter she was able to resume her activities. She had no constipation and, apart from some heaviness of the stomach, she was symptom-free and remained so.

Once again we have an example of swift restoration of function in a person who, though she had no specifically irremedial complaint, had suffered for a long time from symptoms. In this case, however, the pathological basis of the symptoms is not clear, and there is definite evidence of improvement in the organically determined symptoms prior to the date of the miraculous cure. The sudden recovery

in 1947 might have been due to the removal of residual symptoms that no longer had any real organic basis.

THE miracle cure of Jeanne Fretel on October 8, 1948, appears much more remarkable. She had been ill for ten years, most of the time in hospital. She arrived at Lourdes very weak, carried on a stretcher. The certificate from her hospital doctor at Rennes stated that she was suffering from incurable tubercular peritonitis, that she had been completely bedridden for three years, and that her abdominal pains forced her to lie immobile. She had had a course of streptomycin, but with only temporary improvement, and the treatment had been discontinued four months previously. Commenting on her cure, her doctor wrote as follows:

"From August 8 to October 8 the patient became increasingly weak and can only take a very small quantity of fluid. Signs of meningitis were manifesting, and the abdomen is very distended and very painful. Pus appears in abundance in stools and vomit, accompanied by black blood. Frequent signs of heart weakness and endangering her life. All hope seems lost.

"For the third time in five years, on 20th Sept. 1948, she received Extreme Unction. Her temperature oscillates every day between 40°C. in the morning and 36 or 36.7°C. in the evening. She has injections of 2 centigrammes of morphine 3 or 4 times per day.

"In a florid condition of tubercular peritonitis, with additional meningitic complications, and in a state of very grave cachexia, completely prostrate, she departed by train from Rennes on the Pilgrimage of the Rosary on Oct. 4th 1948."

According to the patient's own account, she took part in Mass for the sick on October 8, during the course of which she felt suddenly better. She asked for and retained a cup of coffee with milk. She was then carried to the Grotto, where she felt herself lifted up, and was able to sit upright for the first time. She was then taken back to the hospital, feeling very hungry. She was given a substantial solid meal, such as she had not eaten for years.

Next day the patient presented herself at the Lourdes Bureau, demonstrated her ability to walk, in spite of her wasted legs, and showed a flat, supple abdomen, with no signs of disease. She returned that night to the hospital at Rennes. Her doctor examined her and confirmed the complete disappearance of all pathological signs, her temperature had come down to normal and remained so. She ate and slept well and gained

dily in weight. A letter from two years later stated that she still in robust health and rking very hard as a nurse.

ROM the scientific point of view it is regrettable that ab-ıte proof of the nature of her ess, such as would be provided a pathological examination wing the presence of tubercle illi, does not appear to be avail-e. Nevertheless, the disappear-e of abdominal swelling, and return to normal of a hectic, nging temperature, preclude the sibility of explanation in terms gross hysterical anorexia ner-a.

The testimony in this case nly points to a sudden and re-kable physical change in a des-ately sick woman.

Once having established that re-kable physical changes do in occur as a consequence of h healing, one then faces the more difficult problem of in-retation. It has long been ac-ted that hysterical ailments, in ch there is a disturbance of ction without any actual bodily ect, will respond dramatically any treatment that impresses patient sufficiently. In the hys-cal paralysis of an arm the ves and muscles remain intact s can readily be demonstrated stimulating them electrically observing the healthy re-sponse—but the patient firmly believes he cannot move the limb. When he tries to lift it, the muscles begin to act, but as fast as they do so opposing muscles, brought into play by his uncertainty of mind, counteract the initial intention, so that the outcome is simply an ineffective stiffening of the pseudo-paralyzed limb. If the patient undergoes hypnosis, or faith healing, or any other procedure that succeeds in altering his attitude, then he may once again use his arm uninhibitedly, and the paralysis will disappear.

Sudden recoveries are easily explained in hysterical cases in which only an attitude of mind stands in the way of perfect function, but recent developments in psychosomatic medicine go further than this and suggest that mental attitudes exert considerable influence on physical conditions that were once thought to be entirely independent of personal psychology. Stomach ulcer provides the classic example. This is an indisputably physical condition, for the hole in the stomach wall can be seen on an X-ray photograph, and yet it is nowadays widely accepted that both the formation and the healing of ulcers are closely related to the patient's worries and anxieties. An anxious state of mind affects everyone's digestive processes, but in the anxious ulcer patient his stomach movements and secretions

are so markedly affected as to lead to sores and erosions of the stomach lining. In such a case one can see how a faith healing procedure might, by calming down the anxious patient, produce a rapid improvement in organic condition.

AS time goes on more and more so-called organic ailments are shown to be influenced to a greater or lesser degree by mental attitudes. The emotional state bears a direct relationship to the activity of the various endocrine glands, and endocrine secretions have considerable influence on bodily health. To take only one simple example, emotional stress causes increased activity of the adrenal glands, and the cortical division of these glands produces hormones which largely influence the bodily resistance to many diseases. Increased secretion in response to the emergency of an acute infection may increase the patients powers of combating the illness, but too prolonged over-secretion may have the opposite effect. Some patients with chronic pulmonary tuberculosis, for example, might stand a better chance of their lesions healing over if their anxieties could be allayed and their secretions reduced. Alteration in hormone balance as a result of emotional changes is one known mechanism whereby even such deadly diseases as cancer and tuberculosis can be influenced to some extent by mental attitude.

Of course there are limits to the effects mediated through the normal workings of the nervous and endocrine systems, although in the present state of knowledge the limits its are not clearly defined. The parapsychologist's interest in the matter lies in the possible connection between some of the more mysterious bodily changes and the physical effects of psi reported by experimenters in psycho-kinesis. In other words, can the patient's thought influence a diseased portion of his body independently of the normal physiological mechanisms? Evidence in favor of this possibility would be provided by recoveries of such a swift and unusual character as to render interpretation in psycho-somatic terms implausible. The restoration of degenerated nerve tissues resulting in sudden recovery from long-standing paralysis of neurological origin would be of special interest since, under ordinary circumstances, some of these degenerations appear to be quite uninfluenced by hormonal or nervous factors. For this reason, if for no other, the reports of startling cures at Lourdes deserve very close study by parapsychologists. The present writer hopes to secure more case records and more information from which tentative conclusions might be drawn.

.B.S. ON TELEPATHY

by Jan Ehrenwald

Who would think of the caustic George Bernard Shaw as the victim of epathic suggestions? But he wrote that a "curse" had "damaged" him

TO an exile from Nazi-occupied Europe, England during the st years of World War II was ore than a refuge. It was the perience of a people, sober and emotional in ordinary circumnces, growing increasingly a-rmed by the evil things closing on them from the East. It was e sight of a nation which, to her n amazement, found herself hting for her life with a furor t customarily attributed to the glo-Saxon temper.

But it also was the spectacle men of science, of the arts, and the medical profession, weary m a day's work in the laboray, hospital or lecture room, atching a few hours from extra ties with the Home Guard or vil Defense so as to go on with ir business of remaining rational man beings "as usual"—despite e cultural and intellectual blackt which had gradually been scending upon Western Man.

If the exile happened to be a psychiatrist he found a new and fascinating world of its own in the quiet premises of the Society for Psychical Research at 31 Tavistock Square, London. It was a time when the howling of sirens and the crashing of bombs had already broken the silence of the SPR Reading Room—"For members only." But it also was the time when Dr. S. G. Soal of the University of London and his associate, Mrs. K. M. Goldney, steadfastly refused to break off their card calling experiments with the champion sensitive Basil Shackleton.

It was a time when, regardless of blockbusters and Molotov cocktails, the soft-spoken Mr. Kenneth Richmond still seemed to have both patience and peace of mind to initiate a newcomer in the accomplishments of the SPR since the days of Frederick Myers, Edmond Guerney and Frank Podmore.

THIS is how I resolved to embark on a study of the principal data of psychical research from the psychiatric point of view. I did so even at the risk of my growing isolation from the ideas then prevailing among my more orthodox psychiatric confrères. A first step on this way was a chapter on *Telepathy and Primitive Mentality,* later included in my book *Telepathy and Medical Psychology* (Allen and Unwin, London, 1947). In it I tried to show that the concepts of magic and animism as described by Sir James Frazer were at bottom crude, prescientific attempts at coming to grips with a type of phenomena which since time immemorial seemed to defy the laws of nature as they were laid down by the protagonists of the scientific method.

To whom should an author, brought up in the austere discipline of modern neuropathology, turn for guidance in what was bound to become a conflict between his own scientific background and a vaguely perceived new science of the mind? His friends and associates had been scattered in all directions of the compass; his father had been dead for many years; a cruel turn of events had broken the bonds between his teachers in Prague and Vienna. Ties to new friends or figures in authority had not as yet been established. Whom could he ask for advice about the publication of his proposed book? For some inscrutable personal reasons George Bernard Shaw, the inveterate rebel, the sage and philosopher in a jester's disguise, seemed to be the logical answer. And so the first draft of a chapter on *Telepathy and Primitive Mentality,* accompanied by an appropriate covering letter, was sent by registered mail to Ayot St. Lawrence.

A week or so later the following letter, apparently typed by G. B. S. himself, was delivered to my house:

24th October 1941

Dear Dr. Ehrenwald,

I know of no way in which I can be of any service to you in the matter of your book. I am not a publisher; and it is waste of time to send MSS to anyone but a publisher. When publishers come to me they come for my own books, and to get nothing from me but a recommendation of someone else's books would infuriate them.

I have read the chapter you sent me. Nothing would induce me to read the rest, because, being a very old man, and a contemporary of Fraser, I am completely tired of travellers' tales which are heaped up with the entirely unscientific object of smashing the Bible and getting rid of Jehovah. For me that sort of thing is out of date

d unreadable. Your object is to ablish a science of telepathy; t you have tried to do so by the aserian method, which has really thing to do with it. The day be- re yesterday I suddenly asked y secretary, a propos des bottes, *hat had become of Maurice ring and whether he was alive dead. Nothing had occurred to mind me of him for years. Yes- day I received a letter from n. Apparently he, by writing a ter to me, reminded me of him fore the letter arrived. This oc- rs so often that it may be worth quiring whether there is not re in it than coincidence, ough the number of coincidences ust be enormous and the cases v.*

Another experience of mine is re interesting. I spoke at a meet- g in King's College in London. was in perfect health and at the of my form. I sat down amid arty applause, very well satisfied th myself. Presently the meeting ded and I rose to go. To my nazement and consternation I und that something had happen- to my spine—something blasting d blighting. I managed to con- l my condition and get home, t with great difficulty; and I nained in this state for a month, the end of which, at the same ur, the blight ceased as sudden- as it had begun and left me ain in perfect health.

There was only one way of accounting for this. I learnt that a lady who very strongly disapproved of me and who was intensely angered by certain personal references in my speech, had been sitting behind me on the platform. My spine was within point blank range of her face, which expressed concentrated hatred. Her curse damaged me as the curse of the Bishop of Rheims damaged the jackdaw who stole his ring. And possibly my recovery may have been due to the prayers of some of my friends. Anyhow it was a clear case of a telepathic curse.

I tell you all this because for me such cases are alive and interesting; but attempts to correlate them with Fraserian legends are intolerable. I can read Malinowski because he describes contemporary facts which sometimes suggest that Polynesians have more savoir faire *than we have, and never bores me by hanging his facts on to worn-out fables.*

That is why, I repeat, nothing can induce me to read any more of your book. And it does not matter a scrap, as my reading would not get you a step farther. I can only advise you to forget Fraser and write the book over again in the form of clinical lectures.

Faithfully

(signed: G. Bernard Shaw)

I have not been able to find a copy of my answer to Shaw's letter and I know of no reason to bemoan its loss. Yet there is one passage which deserves being brought back from oblivion because it had in turn elicited a reply from G. B. S. My letter acknowledged with due respect his advice and concluded with what I thought to be a perfectly legitimate inquiry as to whether or not there had been a *draft* in the lecture hall at Kings College where Shaw had suddenly been stricken by an attack of lumbago. A draft, I ventured to say, may have been a more plausible explanation of his affliction than black magic wrought by the lady with the evil eye. By return of mail the postman brought a postcard containing the following blast of four irate Shavian monosyllables:

There was no draft.

I can still see the irregular scrawl of his handwriting on the yellow paper—duplicating as it were, the sardonic wrinkles that mark the face of his portrait bust, sculptured by Lawrence Tompkins a few years back. Unfortunately, this precious card, too, has been lost in the course of my wanderings from country to country, from continent to continent, in the post-war years. But I have taken heed of G. B. S.'s advice—at least partly so.

Although failing to scrap the chapter which in 1947 appeared in my book *Telepathy and Medical Psychology,* I made a point of assembling my data in the form of clinical lectures as suggested by Shaw. The result is a second book devoted to the same subject, recently published under the title *New Dimensions of Deep Analysis* (Grune and Stratton, New York, 1955). It is, among other things, an account of how I sought to solve a Doctor's Dilemma according to the prescription spelled out by G. B. S. more than ten years before the plan for such a book was conceived.

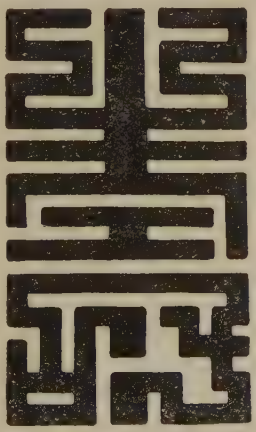
CIENCE
ND SPIRITUAL HEALING

by Gotthard Booth

iritual shadow and scientific substance combine into healing, and this ychiatrist believes man's spiritual insight strengthens laboratory magic

N the course of the last thirty years an increasing number of ysicians and laymen have ac-pted the concept that illnesses of nd and body can be caused by ychological influences and that ey can be treated successfully by ychologic methods. Much of this velopment is recognized nowa-ys as scientifically ll founded because e findings satisfied o crucial criteria: ey occurred often ough to be *statisti-lly significant* and e observations could *repeated experimen-* hospital or labora-y.

"Spiritual healing" nnot expect to be ognized on the same is: it does not oc-r often enough to isfy the statisticians d it cannot be produced delib-tely either by renowned healers or by visits to Lourdes and similar places. Even more unacceptable to most scientists is the claim that healing can be effected without direct contact with the patient as this is claimed for intercessory prayer and for many individual healers. The existence of such cases is either ignored or explained as due to coincidence, venerable *deus ex machina* of old and new fiction.



Chinese Symbol of Longevity

The negative attitude of the majority of contemporary scientists and educated laymen should not be taken for a scientific verdict that spiritual healing is impossible. Its two main features: unusual behavior of matter and communication without physical means of transmission, have been proven possible according to the most exacting

standards of science. The reasons for skepticism regarding such cures will be discussed after the theoretical foundations of miraculous cures have been examined.

AS to the concept of *matter* on which we base our everyday actions, its apparent solidity has been proven an illusion of our sense organs. It comes about in a manner roughly similar to the illusion of solid objects in three-dimensional moving pictures: as a result of electronic processes which take place in practically empty space. The space occupied at any given moment by electrons is less than the billionth part of the most solid object perceived by our senses so that the "material" part of our body could be contained in as little space as occupied by a droplet of water. Not only is the solidity of the body an illusion, but also that the electronic pattern behind it is maintained by rigid law of nature.

Careful observation of individual atoms has proven that the electrons composing them behave in a completely unpredictable manner. In large numbers of atoms only do we find the regularities which have impressed physicists until the beginning of the present century as immutable laws of nature. A philosophy of absolute fatalism developed on the basis of these regularities, until physicists discovered that they were of a statistical nature.

This means that the constancy of the magazine in front of you is maintained by the fact that, in spite of the unpredictable behavior of many of the electrons composing it, the majority fills always the same place. This type of orderliness found in large numbers is of the same character as the constant density of the crowd streaming each weekday from a certain commuter's train. Some of the individuals composing this crowd are different from one day to the next due to personal circumstances like oversleeping, illness, vacations, etc., but these varieties of individuals cancel each other out so that the railroad company can organize its services accordingly.

There is, however, no immutable law of nature that the usually crowded train should not run empty on a certain day because by coincidence all the expected passengers had for different personal reasons failed to use this train. Similarly the physicists assure us that no law of nature would be violated if, for instance, this magazine should suddenly vanish.

Accidentally all the electrons composing it could have made a pattern allowing it to fall through the empty spaces composing your hand or desk like salt running through the top of a salt shaker. The probability of such an event is small, but by no means infinitesimal. It can be defined by a

entifically respectable mathema-
al formula. All this has been
scribed by Eddington in his
ssic, *The Nature of the Physi-*
l World twenty five years ago
d may be considered a reliable
count.

Applying the foregoing, for in-
nce, to the miraculous disap-
arance of a cancer, such event
es not contradict the medical ex-
rience that the overwhelming
ajority of cancers spontaneously
ow until they have destroyed
e life of the organism. Medicine
s known for some time that
pontaneous cures" of cancer do
cur, but so far scientists have
t investigated the circumstances
der which they took place. At
e present time such research is
der way. It suggests that spiritual
aling fits into the general con-
pt developed by psychosomatic
edicine: that bodily diseases ex-
ess specific psychological condi-
ns of the patient and that they
appear if the underlying condi-
n has disappeared spontaneously
by treatment.

Spiritual healing agrees with psy-
osomatic medicine in its recogni-
n that there is a meaningful
nnection between illness and the
ychology of the patient; it also
rees with the experiences of med-
l psychotherapy regarding the
portance of the total individual
uation. Unlike routine surgery and drug medicine, the personalities of the healer and the healed play an important role for the outcome of the treatment: the most expert hypnotist cannot force the hypnotized person to do anything violating his conscience, not every expert psychoanalyst can analyze successfully any curable patient. It seems only reasonable to assume that spiritual values are part of the factors affecting therapy.

In the course of the last sixteen years the work of Szondi has clarified some of the deeper psychological values which direct and limit all significant human relationships such as the encounter of healer and healed. These findings have been verified by different methods so that they can be considered as scientifically established. They are likely to throw further light on the selective character of spiritual healings.

THE second aspect of the phenomenon arousing skepticism is the claim that a person can be cured without being conscious that healing efforts are made in his behalf. The existence of such so-called *telepathic rapport* has been firmly established by many methods, the meticulous case work of the members of the British and American Societies for Psychical Research, the experimental work of Dr. J. B. Rhine at Duke University, and the work of psychoanalysts who

could demonstrate that telepathic rapport takes place under specific psychological conditions of the patient, the physician, and other persons.

As it appears from the preceding statements, neither the unusual physical changes nor the unusual forms of communication found in spiritual healing are incompatible with our scientific knowledge of physics and of psychology. To explain the resistance against the acceptance of these phenomena one must consider their practical and psychological implications. From a practical point of view it is evident that no spiritual healer and no spiritual place, such as Lourdes, has accomplished cures frequently enough to warrant the substitution of spiritual healing for the current methods of orthodox medicine.

Almost all physicians have encountered sad cases of a curable disease becoming fatal while under some form of spiritual treatment. As our systems of public welfare proceed on a statistical basis, spiritual healing cannot be advocated as a substitute for medical healing, but only as part of therapy. The psychological reason for the general skepticism regarding spiritual healing is more significant, however. Medical healing, as commonly practiced, is based on a materialistic and anthropocentric concept of the world.

Until Max Planck and Albert Einstein revolutionized physics fif ty years ago western scientists ha been convinced that everything i the material world followed stric deterministic laws, that same cause produced the same effects and tha the scientific physician of the fu ture would be able to cure eac illness by applying a specific rem edy. Originally even psychoanalyti therapy was conceived of in a sim ilar mechanistic fashion: bad psy chological influences had produce bad psychological conditions, th psychoanalyst substituted good in fluences which should produc good psychological conditions.

In the classical scheme of thera py the ideal physician changes th world by applying the "laws" c biology, psychology, and economic to all medical problems. This rol of the scientific magician has bee so flattering to Western physician and scientists that most of them ar still clinging to it, although it scientifically untenable. In this un realistic faith, the medical profes sion is strengthened by the hypnoti effect of public demands.

The increasing spiritual inse urity of modern man has made hi more and more dependent on bod ly and economic security. He ha concentrated on the prolongatio of life and the raising of economi standards as illness and deprivatio are no longer the acceptable pric of spiritual pursuits. News abou "wonder drugs," "miracle cures,

nagic bullets," "psychosurgery," c., are therefore a favorite staple journalists and publishers. Even ligious best sellers, their titles notthstanding, have attracted their ublic often by the promise of aterial advantages to be derived om religious practice.

AT the present time the beneficial power of science has beme clearly recognizable as subct to serious limitations, its wonrs appear most convincingly in nall areas of life, because they are sed on the strict causality which observable only under ideal labatory conditions. In perfecting e magic of the laboratory man rned his back on the wider imications of what he was doing. ne men, for instance, who bomrded the atom with electrons ere motivated by the search for e truth about the structure of atter. Nothing destructive seemed be involved in bringing force to ar on isolated atoms in a scienic apparatus. Yet the psychogical observer realizes that the iving of the human will for the astery of his environment is the me in the scientist bombarding individual atom, and the statesan who decides to launch an omic attack on the capital of an dividual nation.

The ethics motivating scientific d political aggression, respective- may be of a different order, but it is not an irrational accident that the scientist wielding destructive powers against atoms produced also destructive weapons against men. This may serve as an example for the unforeseeable consequences of scientific research and the practical consequences of the ethos which animates the scientists, in this case the devotion to the advancement of the human mind. Obviously, it can serve constructive purposes as well, e.g. the cure of cancer, peaceful industries, etc., but it must be recognized that the most basic principle of modern science is based on the faith that man knows good and evil, and that he is the ultimate authority on the use of his powers.

Contrary to current scientific therapy the basic principle of spiritual healing is the recognition of powers which transcend those of the human mind. Here the cure depends on values which cannot be made by man, but which must be accepted. Spiritual healing has never claimed that it can be taught like hypnosis or psychoanalysis. Individual healers consider their power as a "gift," a *charisma* which they may attribute to an accident of nature or to the will of God.

In the case of holy places and religious rites the recognition of the superhuman power is explicit. This feature of spiritual healing is naturally offensive to all scientists who cling to the ideal of "Man

for Himself" and his future as the master of the earth, if not of the universe. It produces an emotional resistance which is enforced by the spectacle of irresponsible quacks who exploit real or pretended healing power for personal gain. This, unfortunately, is one of the great moral hazards to which so many individuals and sects have succumbed.

FROM the point of view of medicine the only rational attitude toward spiritual healing is the recognition that the outcome of an illness depends on influences not subject to will. This insight is an addition to the general progress of our medical knowledge, which has been proceeding from the immediately observable to features which revealed themselvs only to more comprehensive and abstract investigations. In the case of tuberculosis, for example, we see nowadays that the inflamed spot of lung around the Koch bacilli is only the most visible result of a vast number of less obvious, though equally indispensable conditions such as the general state of health of the patient at the time he encountered a pathogenic number of virulent bacilli.

Underlying this encounter we have to consider the hereditary disposition of the individual, the quality of his emotional relationships, his socio-economic situation, etc. Just as the top point of a pyramid is most striking and most widely seen only thanks to mostly invisible stone masses underneath, so the spot of the lung visible in the X-ray and under the microscope exists only due to more or less invisible factors just enumerated. The spiritual condition of the patient now becomes evident as an additional factor which governs appearance and disappearance of a sick spot of the body. This discovery does not come as a surprise to those who followed the evolution of psychoanalysis and of psychosomatic medicine with an open mind, not to mention those adhering to a religious faith.

The preceding facts and considerations lead to the conclusion that the medical treatment of illness includes concern with the spiritual condition of the patient. No examination of a patient is complete in which the physician has not evaluated the possibility that this sphere requires special religious attention. As so many a patient nowadays has little or no conscious awareness of his spiritual side, the physician cannot always do anything about this aspect of the illness, even where he recognizes it just as he is often aware of unhealthy family conditions without seeing an opening for psychotherapy.

It is evident, however, that spiritual influences are underlying a

e therapeutic methods recognized scientific medicine. They must considered when we try to ex-ain why some patients die unex-ctedly although all the material d psychological conditions made e prognosis favorable, why "hope-ss" cases sometimes recover ainst all scientifically established ds.

The recognition of spiritual heal-g does not make other therapeu- methods obsolete. One can hard-deny that the more common and erefore better known processes of ysics, biology, and psychology e all parts of divine creation. The ses of miraculous healing, not volving biological and psycho-gical agents, appear as more di-ct expressions of the spiritual re-ionship between God and the dividual. This relationship is not tside of man's scientific en-avors.

SPIRITUAL healings remind us that the old concept of the ur faculties of the medieval uni-versity had its justification. We cannot hope to understand man fully through the methods of medicine, philosophy, and law alone, we need theology too. This type of scientific approach brings us back to the real meaning of science: knowledge.

It has been one of the unfortunate consequences of the mechanistic era of physics that it was considered the main criterion of scientific progress; that it permitted prediction and conscious manipulation of the future. This arrogant misunderstanding of science left no place for the spiritual element in medicine. The scientist who has faced the tremendous depths and powers in the unconscious part of the soul will recognize that healing means not only the fighting of evil forces, but also humble accepting of powers which surpass human ingenuity. Scientific research into the nature of spiritual healing is likely to add to our insights into the meaning of illness and health.

"There is a principle which is a bar against all information, which proof against all arguments, and which cannot fail to keep a man in erlasting ignorance—that principle is contempt prior to investigation."

—Herbert Spencer

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WHEN IS HEALING "PSYCHIC"?

by Russell R. MacRobert

'Reason, feeling and purpose compose a marvelous unity, and we may soon be obliged to re-introduce the word 'spirit' ", this writer believes

AFTER several months of severe headaches, a young woman of 26 lost the sight of her right eye, and then of the left, until at the end of one week she was totally blind. She was admitted to the New York Neurological Institute, where the consulting opthalmologist reported complete loss of vision. After several psychiatric interviews, she was told that if she really wanted to, she could see again, and that she had the power to turn on her eyesight just as she had to turn on an electric light above her chair.

The light switch was put into her hand. She was told she must not turn on the light unless she was sure that she really wanted to see. She waited one full minute, turned the switch and exclaimed with astonishment, "I see my hands! I see everything!"

About the same time, another young woman was admitted to the hospital with violent, one-sided convulsive seizures, which had occurred almost daily; some briefly, but one, while the patient was under observation in the hospital, had persisted for thirty consecutive hours. The arm and leg jerks were so severe that at times she was almost thrown from her bed. For four years she had been treated unsuccessfully with anti-epileptic medication.

At one large conference of the hospital staff some of the doctors present believed that the seizures were due to a structural brain disease. After several scattered hours of psychologic exploration she was completely cured. She never again had a convulsive attack.

TO many people such cures may appear as miracles or evidences of "psychic" or spirit healing; however they are not.

The first patient, Miss M., was one of eight children. She lived on a farm fourteen miles from the nearest town. She was only thirteen

when her mother died, but the care of three younger children depended wholly upon her. At first the older children managed the house for her father, but in the next three years they all married and left Miss M., at sixteen, alone to do all the cooking, scrubbing, sweeping, sewing—in fact, all of the work of the house and some of the farm.

She had no organic neurological abnormalities, and psychologic exploration revealed the blindness to be the result of a wish. Her inability to see had fulfilled an unconscious wish to obtain relief from drudgery and get the rest and attention she had experienced during three weeks of the previous summer, when she was confined to bed for a heart or stomach ailment.

An added significance of the blindness was a further relief from the sight of her farm existence and the face of a tyrannical father. A desire to run away had long been in conflict with a stern conscience and sense of duty for the care of her young sisters to whom she was devoted. The blindness pathologically resolved that conflict.

When, through brief analysis, she became aware that her intolerable home situation might be dealt with in a better way than being blind and helpness, she was willing to give up her blindness.

The case of Miss M. is reported in detail with two similar ones by her psychiatrist, Dr. Thaddeus Hoyt Ames. "Blindness as a Symptom of Hysteria," *Archives of Ophthalmology,* Volume 43, New York, 1914, pp. 357-367). The case of the woman with convulsive seizures is reported fully under the title, "Psychogenic Convulsions, The Result of a Wish," *New York Medical Record,* May 29, 1915, Ames, T. H., and MacRobert, R. G.

Both the blindness and the convulsions were symptoms of hysteria. Such cases provide the most persuasive imitations of supernormal, "psychic" or "miraculous" cures. Hysterical symptoms abound in neuropsychiatric practice. They are especially numerous in wartime.

IN the early days of World War II an Army officer was thrown from one ship to the deck of another when a large transport collided with another ship near Bermuda. He was found unable to move either leg or even wiggle a toe, and was transferred to a U. S. Navy Mobile Hospital.

Neurologic examination revealed that he had a complete motor paralysis of his lower limbs and total loss of sensation for pain and touch below his waist. When my examination was finished, I told him I could cure his paralysis completely and would do so after lunch.

At one o'clock he was carried by stretcher bearers from his bed to my examining room. At 1:15 he walked unaided and confidently to

his bed, to the intense astonishment of his ward-mates. An apparent miracle had just occurred, but this cure was neither miraculous nor supernormal. Its explanation was simple.

The officer was a volunteer reservist. He had left two children at home, and his wife who was unreconciled to his military life. When the collision occurred, he was en route to Africa, across a submarine infested ocean.

My examination had assured me that he had no broken back, nor injured spinal cord. I knew that the paralysis was hysterical, and tacitly assumed it was caused by a subconscious emotional conflict between his sense of duty and a desire to return home. The physical jarring and emotional shock of the crash had lodged an idea in his mind: "I am paralyzed. A paralyzed man is of no use in the Army." He was cured by a psychotherapeutic technique: suggestion, reenforced by a simple neurologic procedure: lumbar puncture. A new idea was lodged in his mind: "I am cured."

Another patient referred to our Navy Hospital, about this time, was an overworked woman telephone operator from a Bermuda hotel crowded with civilian war personnel. She was unable to speak above a whisper, and therefore had been unemployed for three months. Examination excluded physical disease and revealed her inability to speak as hysterical aphonia.

Lunch was brought to her at my office desk where I left her alone, having told her I would cure her at 1:00 o'clock. Cure by reenforced suggestion was achieved within a few minutes. She went away talking clearly and loudly and eager to tell others of her "miraculous" cure. To her friends the cure seemed miraculous, but, like the others cited, was every-day medical practice.

The above cases were presented to show what true "psychic," spirit or spiritual healing is *not*. It is not healing by recognized medical techniques, such as hypnotism or other forms of suggestion; nor by psychologic exploration or analysis. Real "psychic" healing is accomplished through the agency of parapsychological phenomena.

OF the many cases in the literature of psychical research, I have chosen two which, in my opinion, should qualify as "psychic" healing.

The first case, that of Mr. C. E. is abstracted from the original record of the late Dr. Titus Bull, kindly given to me by his wife, and from a report of the case in a book by Helen C. Lambert entitled, "A General Survey of Psychical Phenomena," New York 1928, The Knickerbocker Press, in the library

of the American Society for Psychical Research.

Professor James H. Hyslop, before his death, came to the conclusion that many psychotic, psychopathic, and neurotic persons were psychic sensitives and could become the victims of spirit influence and spirit obsession. He persuaded Dr. Bull to carry on the work they had begun together of attempting to cure intractable cases not responding to orthodox medical or psychiatric therapy.

Mr. C. E. was forty-nine years old. He looked years older and talked and acted in a demented manner. He was unable to concentrate enough to reply to questions. He babbled ceaselessly and incoherently about paintings and inventions. He could supply no life story. This had to be pieced together from facts first revealed, by Mrs. Duke, the clairvoyant and trance-medium who assisted Dr. Bull. Confirmation of the facts came much later from the patient, including verification of the names of many of his relatives, given by Mrs. Duke.

At the age of eleven, epileptic attacks had commenced, and occurred periodically for several years. When they ceased, he continued to be morose and seclusive throughout adolescence with his mind preoccupied by sex fantasies. Someone gave him a ouija board. He worked with this and received messages. Later he became engrossed with automatic writing. Then followed a long period through which he automatically drew grotesque creatures, the products of his hallucinations.

Presently he seemed to be controlled by discarnate personalities. One who gave his name as Joseph Selleny and supplied a biographical sketch of his life. Selleny had been a very prominent artist in Vienna who died insane. Subsequent research at the New York Public Library corroborated many of the facts communicated by Selleny.

Eight obsessing personalities were differentiated. They were a strangely curious group. These "spirit entities" were allowed to control the medium, Mrs. Duke, in the course of thirty-nine different sittings. The separate spirits, when in control of the medium, behaved in odd ways, each contributing activity and mannerisms which combined to make the symptomatology of the patient. Dr. Bull talked with these controls and by discussion, persuasion and command and with help from his identified spirit guides or collaborators, was able to dispel these obsessing discarnate persons. As each was persuaded to depart, the patient improved in the specific symptoms associated with that particular influence.

Mr. C. E., freed at last, was well, normal and agreeable in conver-

sation, considerate and interested in others. Formerly egotistic and self-centered, he was now sympathetic with other patients and interested in their recovery. He talked less, and his conversation became fully coherent. He was grateful and appreciative of what had been done for him and followed medical directions for maintaining his new-found mental and physical adjustment. Before the treatment he had lacked the will and, seemingly, even the intelligence to obey instructions.

ANOTHER example of "psychic" healing is a case supplied by Dr. Elwood Worchester, which shows his method of handling a victim of apparent spirit obsession. The case is abstracted from an article by H. Addington Bruce in the *Journal* of the ASPR, volume 25, 1941, page 159.

Mrs. A. had been a morphine addict for several years when she sought help from Dr. Worcester. He treated her by gradually reducing her daily intake. In one month the dose was reduced from twenty to two grains daily. At the end of the next month, morphine was discontinued entirely. She gained weight, acquired normal mental activity, and looked fifteen years younger. A complete cure had apparently been affected.

Mrs. A. had experienced a series of brilliant morphine hallucinations and after her apparent cure, she agreed to record them from memory for Dr. Worcester. The patient returned in twelve days, and Dr. Worcester was shocked to find her appearance worse than it had been at the beginning of the treatment. Most puzzling of all, her right arm was completely paralyzed. She told him that, although she had taken no morphine, the hallucinations had returned and tormented her day and night. As soon as she had finished writing the account he had requested of her, the right arm had dropped helpless to her side.

Her principal hallucination was the vaguely familiar figure of a man who stood before her holding out a syringe and bottle urging her to return to her former practices. Dr. Worcester found that she was a good hypnotic subject, but his commands to her in deep hypnosis to lift her arm, met with no response. Neither suggestion nor prayer helped her.

One day during treatment Dr. Worcester heard a rapping from his desk which was six or seven feet away from where his patient was sitting. Mrs. A. told him she often heard similar raps at home. Dr. Worcester then decided to try an experiment. He arranged to bring into the case a gifted private medium. This medium said, among other things, that a spirit personality named Dr. Harris was responsible for Mrs. A's hallucina-

tions, and for the paralysis of her right arm. During one sitting the patient developed trance and was controlled by a spirit who gave his name as Dr. Parker. This control, Parker, told Dr. Worcester that Mrs. A. had always been mediumistic though she did not know it. He explained that when she was writing the report of her morphine hallucinations, she had fallen into trance and Dr. Harris had taken control. In order to prove his power over her he had deprived her of the use of her right arm. At this moment, the hitherto paralyzed arm was raised and "Dr. Parker" then shook hands with Dr. Worcester. "Dr. Parker" then said that he would deal with Harris and that Mrs. A. would need no further treatment.

On awakening from trance Mrs. A. was surprised and gratified to find that she had recovered the use of her right arm. Dr. Worcester asked her if she knew anything of Harris. His patient told him that there had been a doctor named Harris who before his death had lived in her neighborhood and had taught her to use morphine. After this curious episode, Dr. Worcester continued to see Mrs. A. twice a week for six weeks until he was convinced that her apparent cure was permanent. Mrs. A. was no no longer subject to a craving for morphine.

Mrs. A. was not cured by faith, by prayer, nor by psychoanalysis nor any other orthodox medical technique. Although a good hypnotic subject, Mrs. A. failed to get relief from the paralysis by hypnotic suggestion. The spirit agency, Dr. Parker, succeeded in moving the paralyzed arm and removing the obsessing entity, Harris, as he said he would. The arm remained well and the hallucinations and morphine craving did not return.

THE cases presented by Dr. Bull and Dr. Worcester both involve alleged spirit obsession. Obsession seems to be evident also in many of the published reports of multiple personalities.

One of the most extraordinary cases of alleged spirit control is that of Miss Mary Lurancy Vennum, ("The Watseka Wonder," reported in the *Journal,* Society for Psychic Research, London, volume X, page 99).

The subject of the account, a girl nearly fourteen years old, living at Watseka, Illinois, became apparently controlled by the spirit of Mary Roff, a neighbor's daughter, who had died at the age of eighteen years and nine months when Lurancy Vennum was a child of about fifteen months old. The most extraordinary feature in the case was that the control by Mary Roff lasted almost continuously for a period of four months.

Lurancy took on the dead girl's personality. She believed that Mr. and Mrs. Roff were her real parents. She recounted intimate details of their family life, recognized and called by name a succession of relatives and friends of the Roff's. She knew trivial instances in the life of Mary Roff as though she were really Mary.

Dr. Richard Hodgson, the noted psychic researcher who studied the detailed records of this case, was of the opinion that Lurancy Vennum was really controlled by the spirit of Mary Roff.

The case of Ansel Bourne is interesting in this connection. Subject from childhood to fits of deep depression, and presenting in later life symptoms suggestive of epilepsy, Ansel Bourne was struck down in his thirty-first year by what was supposed to be a severe sunstroke. Connected with this event were circumstances which led to a profound religious conversion.

At sixty-one years of age, being at that time an itinerant preacher, and living in the small town of Greene, in the State of Rhode Island, Ansel Bourne disappeared one morning, while apparently in his usual state of health, and remained undiscovered for a period of two months. At the end of this time he turned up at Norristown, Pennsylvania, where for the previous six weeks he had been keeping a small variety store under the name of A. J. Brown, appearing to his neighbors and customers as an ordinary, normal person, but being, as it would seem, in a somnambulistic condition all the while. When he regained his ordinary waking consciousness, Ansel Bourne lost all memory of his actions while in his secondary state.

Doris Fisher, a remarkable case of multiple personality, received minute and continuous study by Dr. Walter Franklin Prince and Professor Hyslop. "Sally" Beauchamp, investigated and fully reported by Dr. Morton Prince, is another of the well known multiple personality cases. Dr. William McDougal and Sir William Barrett agreed that "Sally" was a distinct psychic being controlling the body of Miss Beauchamp.

Professor William James predicted "that the demon theory will have its innings again, is, to my mind, absolutely certain. One has to be 'scientific' indeed, to be blind and ignorant enough to suspect no such possibility."

If the medical profession is to be persuaded eventually that there is such a thing as psychic healing and that a big field of therapy is being neglected by them, the purported "psychic cures" first of all must not be cures such as doctors are performing daily. The reports should reflect some familiarity with modern medical and psychotherapeutic techniques. For in-

stance some writers on "spiritual" healing seem ignorant of the fact that psychiatric treatment always includes efforts to eradicate destructive emotions such as the ill-will and lovelessness that so often underline mental ill-health.

It should be better known generally that some cancerous growths occasionally undergo spontaneous cure, and that skin cancer is curable, if properly treated; that in serious paralytic disorders, such as multiple sclerosis, temporary remission of all symptoms is almost part of the clinical picture.

WHEN is healing "psychic" or "supernormal?" One might say, "always." For in one sense no healing takes place except as a process of uncomprehended natural forces. The doctor "but applies the bandages and God does the healing beneath them."

The distinction I am asked to make is something more precise: When is healing accomplished by spirit agencies, or when does it employ parapsychological effects and phenomena not recognized nor utilized by orthodox medical science?

If the following requirements were met, the cure *should* be acceptable as "psychic" or "spirit" healing to the medical proession:

1) an appropriate case scientifically diagnosed;
2) failure of the best orthodox medical and psychiatric treatment to cure;
3) application of strictly psychic or spirit healing methods, involving psychical phenomena such as clairvoyance, trance mediumship and control;
4) cure of the patient to the satisfaction of expert medical scrutiny;
5) identification of the spirit agencies involved, by corroboration of names, addresses, facts and information supplied by the spirit agencies, and perhaps by cross references and independent mediumistic sources.

Such tests as these will not satisfy the materialistically-minded scientist. This can hardly be expected. For the most part he is unacquainted with, or wholly skeptical, of the rich background of parapsychological facts indicating a spiritual realm of knowledge. The mystic dictum seems true, that "to each in his own time the Spirit of Truth will come."

Spiritual knowledge may indeed require spiritual discernment. After a hundred and fifty years of successful emphasis on physical science, with man's psychical discerning faculties unemployed, it may be a long time before there is a general acceptance of the statements of Saint Paul: "You have a natural body and a spiritual body.

. . . The things that are visible are temporal, and the things that are invisible are eternal."

For my use of the word "spirit" I expect to be spoken of as courageous, but really deemed anachronistic or sub-scientific by some colleagues. Events have been happening so rapidly in our modern world that it is not generally realized that an adequate philosophy of mind remains unwritten.

The scientific student of mind eagerly followed the trail pursued in the field of physical events by the scientific student of matter. The psychologist tried in his own field to prove that all mind and purpose was matter, merely some kind of organization of activities that goes on within the physical brain. While he is searching for some way to support that conclusion, he finds that the physicist in recent decades has moved on in his search for reality and arrived at a conviction that the reality in matter is essentially mind.

This is one of the strangest spectacles that the history of mankind affords. The old materialistic physics, which sought to eliminate mind and purpose from the universe by showing that physical events can be otherwise completely accounted for, is now practically obsolete. The whole vast realm with which science deals, finds its rational order and meaning in the knowing activity of mind. So far from being a curious sensitive substance present in a small corner of the brain, or even an activity of the nervous system, mind seems to be a unique something extended in time and space.

The now popular dichotomy of mind and body is insufficient, almost meaningless, for something is missing. Reason, feeling and purpose compose a marvelous unity of functions, and we may soon be obliged to re-introduce the word "spirit" if we are to be twentieth century, up-to-date and realistic. Even a few decades ago the word was criticized as a hopeless anachronism, but now it is a word that moderns must face up to again—even the sophisticated men of science.

"This is the great error of our day in the treatment of the human body: that physicians separate the soul from the body."—Plato

PRAYER THAT HEALS

by Don H. Gross

Not in some misty or mystic past, but right here and now—within a Pittsburgh community—this pastor finds "no limits to God's healing"

A woman whose child was born crippled, blind and deaf came to Austin Pardue, Bishop of Pittsburgh, in desperation. The doctors could offer no cure. She had no help in the Church. As she poured out her problem she told of her intention to join a divine healing sect. The bishop understood her need. He opened the door for her to find, at last, God's healing gifts in her own Church. He saw how the Church had failed her, and he set out to do something about it. Thus was born the present emphasis on spiritual healing in our diocese.

This emphasis is not new, nor is it anything peculiar to one place or to one group of Christians. The signs of our times point to a widespread revival of interest in spiritual healing. This resurgence takes infinitely varied forms: from the practice of verbal affirmations of health and the cultivation of positive thinking, to visits to shrines of the saints; from simple prayers during private visits to the sick, to emotionally charged "miracle services" with hundreds of people joining their voices in song and their hearts in supplication; from the healing centered in a gifted personality, to the objective power of the Sacraments.

Whatever may have brought forth the current upsurge of Christian healing, the history of the Church shows it to be a return, an approach to an earlier, more "normal" Christian life. This is true despite the fact that any full development of spiritual healing strikes most people as quite a novelty.

THE true novelty, the real peculiarity, in the Christian Church is that its ministry of healing should have fallen for so long into neglect. The Gospels are full of the healing work of Jesus Christ. That work, as Christ had promised (e.g. St. John 14:12) was carried on in strength in the early

Church. It belongs in the life of every Christian congregation today.*

Actually, some of the most intense focuses for healing power are to be found in the work of certain unusually gifted individuals. Such people are referred to by St. Paul in such passages as I Corinthians 12:4-11, as having been given, through the Spirit of God, "gifts of healing." The Greek word meaning "gifts" is "charismata," so we speak of such gifts (and their recipients) as charismatic. The Greek refers to a freely-given favor, an unmerited gift of grace, bestowed by the will of the Holy Spirit Himself.

Some Christian charismatics carry out their work in considerable independence of conventional church organizations. Others, such as Agnes Sanford and Albert Cliffe, work within the traditional framework of the Church, though they certainly transcend established customs.

A charismatic of the first type who is well known in the Pittsburgh area is Kathryn Kuhlman. An example of healing through her ministry is seen in the case of Dr. A. B. When he first attended one of her services on November 19, 1950, he had the following afflictions:

(1) A painful sinus condition. This was in the right antrum and frontal sinuses and had been treated medically ever since his college years.

(2) The loss of most of the hearing in his right ear.

(3) A broken collarbone. He had fallen earlier in the year and injured both his right knee and his right collarbone, or clavicle. The right clavicle had been fractured, but in such a way that no one realized it for some time. He had been using his right arm and shoulder even more than usual, because his knee condition had required crutches and then a cane. The knee healed, but the clavicle did not. Instead it formed what is known as a "false joint." On November 24, 1950 he wrote to Kathryn Kuhlman telling what happened during and after that service:

"I want you to know that I truly had no thought as to any healing for myself. I have always been able to stand pain, so my chief concern was for my wife. . . .

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* A full account of the history and the proper place of healing in the Church is given in *Christian Healing,* by Evelyn Frost (Morehouse, 1940); also cf. *Psychology, Religion and Healing,* by Leslie Weatherhead (Abingdon-Cokesbury, 1951). For an idea of what percentage of ministers of the larger Protestant denominations actually engage in spiritual healing, see "Study of Spiritual Healing in the Churches" by Charles S. Braden, in *Pastoral Psychology,* May, 1954.

"During your healing period you began to state that there was 'a sinus opening up. Some one is regaining hearing in an ear.' (I have been deaf in my right ear for at least fifteen years.) You went on to say, 'I see a lump the size of a walnut beginning to dissolve.' My dear wife nudged me and whispered, 'She means you' but I, just thinking of her and our son, felt nothing but a burning in my right ear which I thought was the result of a mental suggestion. Then you said, 'This is a man. I do not want this man to lose this healing. Please speak up.' I can see you now as you looked earnestly in our direction waving your left hand almost directly at our group and at the same time pounding the pulpit with your right fist. My wife kept nudging me, but even when you said that the man had a burning in his ear, I couldn't believe that I was being healed. After all, I was accustomed to the deafness in my right ear and gave it no thought.

"I drove the eighty-five miles home thru the rain, a condition not conducive to helping sinusitis. On the way home my wife kept speaking to me in an ordinary tone of voice. She was sitting beside me, *on my right.* Then she called my attention to my ability to hear her and we both realized that I was not asking her to repeat. Just after we arrived home, all of [a] sudden I had to blow my nose. My sinus had opened and the pain had gone. The antrum kept draining freely all evening. I slept well all night and in the morning I was entirely free from drainage and pain. To add to my amazement, I found that I was able to use my right arm in normal motion without pain. I cannot state that the hearing in my right ear is perfect but I need not turn my left ear to her [his wife] to repeat. Perhaps the rest of the hearing will return gradually."

Dr. A. B. never received any medical or surgical treatment for his broken collarbone. It might not be impossible for a false joint to heal naturally, but any normal healing would take a number of weeks. Usually an operation would be required, in which the callus would be removed and the ends of the fracture scraped and set. Even then, several weeks would be needed for complete healing. Dr. A. B.'s symptoms of pain and limitation of motion disappeared during one day. The callus dissolved completely over a period of a few weeks.

Within the past couple of years, he has had some trouble in a quite different sinus region, but his original sinus condition has never returned. There has been no noticeable change in his hearing since November, 1950.

WHAT appears to be a combination of the regular work of the Ministry, plus what may be individual charismatic gifts, is to be seen in the case of the Rev. C. D. A mother in his parish had had two miscarriages and was having trouble during another pregnancy. He visited her regularly, taught her and her husband as much as possible about spiritual healing (though they had considerable doubts about it), brought her Communion and laid on hands for healing. She carried the baby for the full term, but the child was born with a deformity in the intestinal tract which required an operation almost immediately.

The pastor's sympathies and personal interest in the case were considerably involved by this time, and he felt that it was God's will that the baby live, so he bent every effort in prayer and fasting to open the way for healing. Further complications developed in the child's condition. But one evening as the pastor and a member of his congregation prayed together in the Church for the baby, they each felt a strong assurance that he would be healed. With a great sense of relief and uplifted with joy, Mr. C. D. went home. Shortly afterward, uncontrollable vibrations came in intermittent waves through various parts of his body. He had never experienced this before, but knew of similar effects on people during healings, and that this was often called "the power of God." This increased even more his confidence that the baby was being healed and he decided to telephone the hospital to learn what was happening there.

However, this new power seized his muscles more and more, and as he approached the phone he was held in an iron grip so that it was quite impossible for him to touch it. He decided that the Lord didn't want him to call and went to bed. Though less severe, the vibrations continued to come from time to time, and included motions that it would have been impossible to produce voluntarily. It was as though a sort of "breakthrough" to a higher level of power had occurred.

In the morning he called the hospital. He learned that during the night, at the very time he had tried to phone the hospital, the child had died. To the young pastor, this news was an almost unbelievable blow. He went at once to the hospital to see the parents. Their attitude was excellent, and the mother was grateful for such hope as she had had, feeling that otherwise the anxiety would have been much more difficult.

Mr. C. D. was greatly relieved, since his main concern at this point was that his previous assurance might only have added to the parents' disappointment. He

found too, a strong conviction that through death the baby had truly been healed and had entered into a new and eternal life. And he discovered that his effectiveness in the ministry of healing was on a new and higher plane from that time on.

Later, another charismatic held a healing mission which he attended. He brought members of his wife's family to her for special prayers. She laid on hands privately with them, placing her hands on the part of the body which was ill, and asked the Rev. C. D. to participate with her. She said she wanted "to connect him with the same current" that flowed through her. One of the prayers in this manner was for the father-in-law's heart, which improved markedly within the next two days. It was not completely and permanently healed, but Mr. C. D. found that whenever he prayed in the same way with his father-in-law the heart would be noticeably improved at once.

Mr. C. D. found too, that after this experience with the charismatic woman, he could use her method of healing. He always felt a reaction of some sort: vibrations or pulsations; tingling; heat; a feeling of a cool wind or breath; a filling with an energy that gave a sense of peace and serenity; or occasionally a draining of all energy, almost to the point of collapse. At times the sick person felt some of these effects in his own body, at other times not. Sometimes healing occurred at once, sometimes later, sometimes it was complete, sometimes partial, sometimes it was through medical help, sometimes there was no observable physical healing; always there was spiritual help, a closer relationship to God.

THIS case of the Rev. Mr. C. D. illustrates some variety of approach to healing in the Christian ministry. It is an instance of the transmission, at least to some degree, of charismatic gifts from one person to another, and of their use as a part of a regular pastoral ministry. The second of these gifts is connected with a sacramental type of action—the laying on of hands—and is an example of physical and spiritual and (though not illustrated here) mental benefits being mediated through a physical action backed up with an attitude of faith and love.

Let us consider some examples of healing through the Sacraments. This is the most objective approach to spiritual healing, and could be the most adaptable to normal parish situations. The beneficial effects of Absolution are well known to psychiatrists. Although the purpose of Absolution is spiritual, not psychiatric, the spiritual benefits of forgiveness af-

fect the mental and even the physical levels to such a degree that it is a major means of healing on every plane. We should add that Confession and Absolution must be sharply distinguished from pastoral counseling. The peculiar benefit of Absolution lies in its impersonal, authoritative form, and in its assurance of the forgiveness of sins.

It may not be realized so quickly that Baptism also has great potentialities for healing in certain cases. I say "certain cases" partly because so many people are baptized in infancy that we do not often see the effects of adult Baptism. Mrs. B. was a case where these effects could be seen. She had been undergoing serious psychological stress for some time. Her early life had been severely dominated, not only by her parents, but by others in the family. She had rejected the religion which she had been taught and longed for an expression of the faith which was her own. She longed, too, for a life of her own, not only because of her youth, but because of the indifference of her husband toward her as a person.

When, at last, a practical opportunity came for her to enter the Christian church, whose faith she actually shared, the emotional conflicts of her life created quite an upheaval within her, even to the extent of producing hallucinations of the voices of her family warning her not to talk to the priest. Many aspects of the healing ministry were combined to help her, but a crucial point in her decision and in resolving her conflicts was her Baptism. Here the past was forgiven; here she became committed to her new life, a life she could call her own, because it was under God and no longer dominated by other people.

THE Holy Communion has always been recognized by Christians as a source of healing. The Rev. E. F. has told of a striking example of healing through the Presence of Christ in connection with the Holy Communion. During the Korean war Mrs. G. was in the hospital dying of cancer. An operation was planned with the hope of at least prolonging her life long enough for a close member of the family to arrive from Korea before she died. Mr. E. F. celebrated the Holy Communion with her. She held a picture of Christ in her hand, using it as a means of concentrating upon Him.

She said afterwards that she was not even conscious of Mr. E. F.; her mind was filled with the Presence of Jesus Christ. After receiving her Communion, she went to sleep. For the first time in many days she slept through the night and into the next morning. When she awoke she said to the nurse, "Something has happened to me."

She was examined. The cancer had gone.

The Sacrament intended explicitly for healing is Anointing (or the Laying on of Hands) for Healing. Either or both forms are used in visiting the sick and in healing services held in Church. The Anointing (with consecrated olive oil—usually blessed by the bishop) is the more formal and perhaps more strictly sacramental, while the Laying on of Hands, as we have seen, can include charismatic gifts, and is often used by people possessing such gifts. The Extreme Unction used in last rites is a far cry from a Sacrament whose main purpose is healing; but its ultimate ancestor was just such a Sacrament of Healing (cf. St. James 5:14-15). Its changing interpretation paralleled the changing attitude of the Church.

GOD uses special personal gifts to heal and He uses the Sacraments. He uses combinations of both, too. That is why, if the Church is to offer God's healing in the fullest, most effective way, it must not say "either" God uses *this* means "or" He uses *that* means; it must not be "either-or," but "both-and."

We can draw no limits to God's healing. The Holy Spirit is still the Giver of Life, whether He does so great a thing as making a man's heart whole while his wife and priest kneel in prayer with their hands over that heart, or whether he does so small a thing as taking away a man's desire for cigarettes while he receives the Laying on of Hands at the altar rail. Jesus Christ still lives. He is the same today, yesterday and forever, whether He stoops to remove the warts from a little boy's skin or whether He soars into the spirit of a man dying of cancer to give that man the gentle, faithful, loving soul of a saint of God. But whatever He does, it is to draw us to Him. We have seen these things, and that is why we know that Jesus heals.

PARANORMAL IN HYPNOSIS

by Leslie M. LeCron

What lies behind the door of hypnosis? Man's subconscious; memories of childhood; earlier incarnations; even startling paranormal perception?

IN the public mind, hypnosis has long been associated with the mysterious, the mystical, the supernatural. The physicians and psychologists who utilize it have endeavored to change such beliefs, because they realize that the popular misconceptions about it cause many people to be fearful of its use. They recognize that hypnosis is a very valuable tool in treating emotional and psychological conditions. Hypnosis does have interesting and unusual aspects which are in no way mysterious. But there are also indications that some paranormal effects can sometimes be obtained under hypnosis. It is possible that it could be a key to unlock the door to paranormal perceptions.

But in the effort to dissociate hypnosis from magic and mystery, as was necessary also with medical science in its history, anything connecting hypnosis with ESP has been studiously avoided by professional researchers of modern times. Any scientific experimentation of this nature has been practically nil for over half a century. Yet, if hypnosis can be of value in the study of parapsychology, science should utilize it.

THE early history of hypnosis, following its introduction in its modern aspect by Anton Mesmer in the late eighteenth century, is filled with reports of paranormal faculties displayed by subjects under hypnosis. Some more modern investigators have tried, under scientific controls, to confirm the stories of early workers, but have failed to reproduce them. However, if the possible reasons for failure are understood, it would seem that reassessment might lead to better results.

Certainly many of the old-time practitioners firmly believed what they reported. Many of these men were scientists of the highest standing—Pierre Janet, great French psychiatrist, Charles Richet, and

many others. These men were by no means gullible fanatics. Although their tests were not as carefully controlled as modern methods permit, they did try to prevent fraud. And in the early days of the British Society for Psychic Research, in the 1880s, noted scholars, devoted much time to careful experiments. These were mainly with mesmerism.

While the words *hypnotism, mesmerism,* and *animal magnetism* are often used synonymously by the public, there is a difference which should be recognized. The two latter terms have the same meaning, but hypnosis is induced in a different way. In the days of Mesmer and for some seventy years thereafter, the trance state was brought about by means of "passes" which the operator made, running his hands slowly the length of the subject's body. The hands did not touch the body but were held about four or five inches above it. The operator also concentrated intently, *willing* his subject to go into the trance.

These passes were continued for a period ranging from a few minutes up to four or five hours—until observation indicated that the subject was mesmerized. Often this was tested by sticking a pin into an arm or leg. If pain was felt and the subject flinched, the trance was not deep enough or no effect had been obtained.

No verbal suggestion of anesthesia was made. In fact, nothing at all was said; no suggestions were made verbally. Of course there was the indirect suggestion that the passes would induce a trance. Induction by means of passes and *willing* the subject to react is the mesmeric or animal magnetism method.

The theory of the passes was that the operator transmitted some force through his hands. Some people were thought to be able to generate much more of this force than others. Mesmer thought this was some "etheric fluid." Modern investigators of dowsing and similar phenomena have termed such a force *radiesthesia.* They believe it to be something similar to electricity but have not yet learned how to measure it in any way. It has had various other designations such as "di-electric," etc. After Mesmer, the term animal magnetism was used for it.

IN the 1840s, a British physician named Braid experimented and discovered that a trance could be induced by verbal suggestion. The passes were found to be quite unnecessary. With most people, fixation of the subject's attention on something and telling him to go to sleep or to relax completely will produce a trance state within a short time, usually a few moments. This state will vary in depth from

light to deep. Braid introduced the word hypnosis and since his time the trance usually has been induced in this way, with minor variations of technique. Mesmeric induction gradually faded into obscurity.

It was assumed by hypnotic practitioners, and is today, that the mesmeric and hypnotic trances are identical. In fact, hypnologists usually assume that all trance states are hypnosis, auto-hypnosis if they are self-induced or occur spontaneously. This includes the mediumistic trance and the state obtained by yogins through meditation.

Actually, no one has ever been able to formulate a completely satisfactory definition of what a trance is, or a theory as to what really happens in a trance. We know much about it, and can describe a trance, but we cannot explain it adequately. It may well be that the mediumistic trance is different, though with similarities. This applies also to the mesmeric trance. The famous medium, Mrs. Leonore Piper, who went readily into the mediumistic trance, was entirely refractory when experts tried to hypnotize her.

The mesmerists certainly tried to obtain a much deeper state than usually satisfies the modern hypnologist. Passes are passé at present, although Dr. Edith Klemperer, a prominent psychiatrist, has reported in a technical article that she uses them with great success. Experienced hypnotic subjects, in analyzing the experience, have reported that they are aware of a difference in the trance state when induction is by means of passes rather than through verbal suggestion.

ALL of the old reports of extrasensory perceptions observed in subjects in a trance induced by another person (as distinguished from mediumistic trances) were based on mesmeric induction. Edmund Gurney and F. W. H. Myers, Pierre Janet, Charles Richet, and many other investigators came to the conclusion that the hypnotic and mesmeric trances were not identical. Except in rare instances, psi faculties were displayed only in the latter. They concluded that the failure of the hypnotists to observe anything paranormal in subjects was due to this fact.

Hereward Carrington, writing in the Journal of the American Society for Psychical Research in 1951, advanced the thought that the mesmeric trance may have allowed access to psi faculties because it affects the superconscious rather than the subconscious mind. He believes the subconscious to be rather a mechanical part of the total mind and that ESP is strictly a product of the superconscious.

Carrington bases this on the usual hypnotic suggestions given the subject to "go deeper and deeper." This implies that material then brought out is from below. He advocates that suggestions be addressed to the superconscious and as to *above* rather than *below,* which might produce different results. The subject should be told to go higher and farther rather than deeper.

Carrington says that all percipients of ESP feel that their impressions come from above rather than below—that the spiritual or psychic connotates elevation. Since the mesmerists made no verbal suggestions, the superconscious may be what they affected, thus unlocking paranormal perceptions. The subject was then free from adverse suggestions of "deeper."

Gurney and Myers, in their tests, were successful in obtaining psi phenomena with subjects who were intranced by passes made by a mesmerist, according to their reports. They could not produce the same results with hypnosis. Janet and Richet had the same experience.

The French Academy of Science made an investigation of Mesmer's claims as to cures and returned a highly prejudiced negative report. Many years later the Academy appointed another committee of eminent scientists of the day to study animal magnetism further, as it had come into extensive use. Some of them were at the start extremely skeptical. After almost five years of research, this committee reported in 1831, confirming many of the claims of the mesmerists, particularly as to parnormal faculties they had seen displayed. The report was so sensational that it was suppressed and never made public.

ALMOST every dabbler in hypnotism has tried to produce "traveling clairvoyance," something akin to "astral traveling." This involves suggesting to the hypnotized subject that he is to go mentally to some stated location and is to report what he observes. Almost any good hypnotic subject will give such a report. He will say he "sees" what he describes. The question is whether or not this is valid or just a fantasy. It is definitely true that a hypnotized person can hallucinate to a remarkable degree and may believe he is actually "seeing" what he reports. Most experimenters with traveling clairvoyance naïvely accept the statements of the subject as valid and make no effort to check as to the facts.

Dr. John Björkhem, a Swedish psychiatrist, is reported to have made several thousand tests in the past few years as to this phenomenon and to have written about his results. Unfortunately the book has not been translated into English. Björkhem found in

almost every case that the subject merely hallucinated or produced a fantasy which could not be verified. Nevertheless, he believes that a very few of his subjects did display the ability to travel clairvoyantly and that he obtained verification with some of them. If his experiments were under proper scientific control, perhaps he has demonstrated proof of such a psi faculty in a small percentage of subjects. He has proved definitely that most such attempts result only in imaginatory experiences.

Janet and Richet performed a number of varied experiments with an unusually fine hypnotic subject, a girl named Leonie. In one, she was told to travel clairvoyantly to Richet's office and tell what she saw. She exclaimed that the place was on fire. This was true—a fire had just broken out, as they discovered later. Some of their other experiments with this girl were remarkable. In a trance she could feel pain in any part of her body if the hypnotist also felt pain stimulated by pinching, a blow, or some other means. If his right hand was pinched, Leonie felt it in the same place. This could be done when she was in a different room from the experimenters.

Janet and Richet also made tests wherein they tried to hypnotize the girl at a distance. One of them would "will" that she go into a trance, noting the exact moment. The girl's housekeeper had been instructed to watch her closely all day and to write down the time whenever she saw Leonie slip into a trance. Leonie had been told nothing about this. It was found that the times corresponded exactly in most instances.

Gurney and Myers tried to repeat a number of tests of ESP as reported by the early mesmerists. They met with what they believed was success when their subject was mesmerized rather than hypnotized. In one series of experiments, the subject's hands were extended through holes in a cardboard screen arranged so he could not see his hands, nor observe the experimenters. The mesmerist then made passes over one particular finger, as designated to him silently by Gurney or Myers. At the same time he willed that the finger would become anesthetized. No verbal suggestions were given. Various fingers were then pricked to test for anesthesia. In the great majority of tests, pain was exhibited in every finger except the one designated.

The British surgeon, James Esdaile, reported in 1843 that he had mesmerized a blind man sitting in another room by *willing* him to go into a trance. Esdaile performed a great many experiments involving clairvoyance, telepathy, and the like, and was convinced that his tests were scientifically controlled

with proper precautions against fraud and with reliable witnesses. He used only the mesmeric method of trance induction.

Another SPR researcher, W. F. Barrett, tried telepathically to cause a mesmerized subject to say the word *yes* or *no,* whichever Barrett projected to him. In 43 attempts there was 100 percent success, according to Barnett. Many similar instances have been cited by both the old-time mesmerists and by still later scientists of sixty or seventy years ago. In some of these, cards or numbers were telepathically identified.

AN interesting form of ESP in the trance has been the diagnosis of illness by the mesmerized or hypnotized subject. One of Mesmer's students, the Marquis de Puysegur, had as a subject a remarkable young man named Victor who in the trance would diagnose the ailment of any sick person brought to him. This was the first report of psychic diagnosis made while in a trance.

Other later mesmerists claimed to have developed such an ability in a subject. One of them, in the United States, was Phineas Quimby, who successfully treated Mary Baker Eddy for hysteria by means of mesmerism and whose ideas she then incorporated in founding the Christian Science Church. Quimby's subject, in his late teens, not only diagnosed but prescribed remedies. Later, Quimby caught the lad in trickery and decided his ability was often mere guesswork rather than psychic perception.

A more recent psychic diagnostician was Edgar Cayce, whose ability to diagnose and prescribe cures supposedly was most successful. Cayce gained considerable notoriety during the second and third decades of the present century. He was investigated by Prince, McDougall and others. Sugrue's book, *There is a River* tells of Cayce's experiences.

Most recent psychic diagnostician is Phoebe Payne, an Englishwoman, the wife of a prominent psychiatrist. Although she does not go into a trance, her diagnostic ability through clairvoyance is said to be remarkably accurate.

Cayce was not only noted for his diagnostic ability but while in a trance could tell a person of what Cayce believed to be his previous incarnations. This ability of Cayce's has been described by Gina Ciminera in a book, *Many Mansions.*

Actually, as with traveling clairvoyance, any good hypnotic subject can be regressed to a designated past life, his last or another as specified, and the subject will usually describe events supposed to have happened at the time to which he is regressed. But a hypnotic subject is usually in such rap-

port with the hypnotist that he will try to do almost anything.

There is no difficulty in producing a fine fantasy as to a past life. Proof of the validity of the report given is something else again. The fact that such reports usually are as to a life situation where the person was a prince, a princess, a high priest, or priestess, and in some exalted capacity rather than middle or lower class indicates a wish fantasy and such a report can only be taken with a grain of salt—a whole rock of salt. If reincarnation is a fact, as is believed by millions of people, certainly proof could readily be obtained in this way, it would seem—if the hypnotized person's memory contains such knowledge.

CERTAINLY all these interesting reports, mainly from the past, should be worthy of further investigation along the lines of our present knowledge of the mind and with scientific methods of controlled research. It is unfortunate that such methods were unknown in the earlier days of mesmerism.

Every psychic researcher knows how prevalent are fraud and deceit, sometimes quite unconsciously carried out with the medium even deluding himself. All such matters as are cited here must be considered as scientifically unproved.

However, there have been enough of them from real scientists so that their reports should be considered with open mind. The possibilities warrant thorough investigation. Parapsychologists might well team with competent psychologists or psychiatrists who are familiar with hypnosis and possibly some surprising results would be achieved.

"There are natural physicians and there are artificially made physicians. The former see things which the latter cannot see, but the others dispute the existence of such things because they cannot see them. They see the exterior of things, but the true physician sees the interior. The inner man is the substantial reality; while the other one is only an apparition and therefore the true physician sees the real man and the quack sees only an illusion."—Paracelsus

JAMAICA'S PRIMITIVE MEDICINE

by Edward Seaga

An up-to-date first-hand report on unorthodox methods of diagnosis and healing, as they are practiced today in a Caribbean island community

FOR nineteen months of 1953 and 1954, I lived in a small Jamaican village and in Kingston, Jamaica's capital city, in order to make an anthropological study of religious cults. A natural part of this survey was the collection of material on unorthodox healing as practiced on the island.

In the village where I spent eight months, there was an active "healing yard." In Kingston, where a greater number of healers are concentrated than in any other part of the island, I had an opportunity to see healing at work in an urban setting.

As I progressed with my study, I found myself concerned primarily with methodology in healing: that is, diagnosis, or "reading" as it is called; and therapy, which is usually called "deliverance." In addition, I collected information on the types of disorders which most frequently confront the unorthodox healer; the extent of the healing practice in Jamaica, and social factors which have influenced its development. In this article, I will touch on all these aspects of unorthodox healing.

The unorthodox healer in Jamaica is a spiritual healer. He consults with the spirit world in diagnosing and treating disorders. There are three types of spirits in this supernatural world: human dead, Christian divinities, and Satanic powers. Some cults deal exclusively with the first group, but others in which there is an Afro-Christian blending also include spirits of the latter two in their pantheon.

The use of spirits is not imperative; it can be avoided by practicing certain methods of diagnosis and therapy outlined in the de Laurence publications, such as the *Great Book of Magical Art, Hindu Magic and Indian Occultism.* These practices are known locally as "science." It is not the purpose of this article to discuss such methods, for they are well publicized.

The healer usually receives the gift of healing from his patron spirit. In return, he must feed this spirit regularly with rum, wine, rice, sugar and water, bread and fruits. He must also provide flowers, candlelight, and perfumes, and offer a blood sacrifice at specified times, but at least once yearly. In addition, the spirit must be paid with a silver coin for its participation in major rituals. This contract does not exclude the healer from communicating with other spirits. It merely means that in return for the favors mentioned, that particular spirit has agreed to visit or reside with the healer, or be regularly accessible for consultation.

The novitiate healer is largely submissive to the demands of the spirit for favors, and observes certain taboos in dress, and other customs of daily life. With a little experience, however, he learns first to bargain with the spirits, and later to subjugate and discipline them, although they are never completely submissive.

UNORTHODOX healing involves both diagnostic and therapeutic procedures. The following description of a healing session which I witnessed will serve to illustrate a typical method of diagnostic procedure, and one form of treatment.

In Brother Man's healing mission, or "balmyard," as it is called, a visitor was seated by a table on which were a Bible, a Sankey hymnal, a note book, a white candle, a vase of flowers, a box for money, a padlock, and a pair of scissors. The last two are for "locking" and "cutting" spirits respectively. Brother Man had wrapped his head with lengthy strips of red, green, and yellow cloth. Into this wrap he had stuck two pencils, signifying his ability to receive messages.

The healer placed his hand on the shoulder of the visitor while humming a hymn, "To Thee I Make My Sorrows Known." The visitor, or patient, joined in the humming. Then each began to tap rhythmically with his right foot. Brother Man's voice soon revealed a deeper emotional content and he broke into short improvised but melodic airs, his voice making a sound like that of a horn. This sound is known as "blowing," and was his invocation to the spirits. He slowly circled the visitor, pausing twice to raise his hands while his body stiffened; for a few steps, he stumbled, off balance. Occasionally he stood at one spot beating his foot to the accompaniment of the invocation, while his head swayed gently to the rhythm. His eyes were closed and he appeared to be in deep concentration. His features were contorted in a manner that suggested much strain.

Presently, he ceased "blowing" and stood before the visitor who had been gazing downward solemnly and tapping with his feet. To the rhythm of the beats, the healer uttered the message he was receiving while his hands roamed slowly and gently over the man's body: "Angels . . . morning . . . prophets . . . judgment . . . deliverance . . . 32,69,90 . . . destruction . . . peace . . . message . . . house to house . . . red to red . . . *tarry bandoona . . . hicandoola* . . . sign . . . head . . . message . . . spirit . . . *hoocanday* . . . mother . . . Jonas . . . sign."

The italicized words are in "language," that is "nonsense syllables." These words are considered direct revelations from the spirits.

The healer's hands roamed gently over the man's body but concentrated on the head, which he massaged soothingly. He appeared to be only partly conscious of what he was doing even when he stopped occasionally to scribble sign characters on a sheet of paper called the "healing sheet." Finally, he pressed this sheet on the visitor's forehead and, indicating that it should be held there, he sat down to give his "reading": a spirit had interfered with the man, causing pains and "confusion" in the head. The spirit had not been "set on him" by anyone.

To "cut" this spirit, the healer prescribed that the "healing sheet" be pressed to his visitor's forehead whenever the pain was present. Next, he dug a hole in the ground and partly filled it with water. When the water had settled, he gave the visitor some to drink and laved his head with more. Finally, he opened and closed the scissors violently over the man's head. The visitor then deposited in the box on the table five shillings and a silver threepenny—this latter for payment to the spirit.

I later interviewed this man privately and learned that, as is the custom, he had told the healer nothing concerning the nature of his complaint, but merely requested a "reading." He had visited Brother Man because of pains in his head, accompanied by a strong desire to hurt and rebuke himself. Three previous visits to physicians had failed to give relief, and further, their diagnosis of "nerves" did not satisfy him. He was satisfied with the healer's diagnosis and treatment, and experienced some immediate relief. On his third visit, six days later, he felt full relief.

Brother Man's ministrations, as described here, illustrate only one method of diagnosis in unorthodox healing, as well as a particular type of therapy.

Diagnostic methods are based on the assumption that both material and non-material worlds are cap-

able of relaying messages from the spirit world. Fruits, flowers, the sun or moon, stars, water, candles, clothing, stones, sign characters, rhythmic beats of the drum or feet, songs, animals, and plants, are some of the media which transmit messages.

Fundamentally, there are two methods of "reading." Firstly, the message can be "rationally" deduced. "Card-cutting" is the most popular of the so-called rational methods. A card is chosen to suit the physical characteristics of the client; for example, a Jack of Diamonds would represent a young white man with thin features. The pack is dealt out in rows of nine, and those above the Jack are his "danger" cards, for they can "trample" him. On the other hand, he has power over whatever is represented by the cards below the chosen card.

THERE are other methods of card-cutting, just as there are other media by which "deduction" is possible; for example, through the interpretation of dreams. Here, certain symbols such as fish, money, and the color green represent "prosperity." But black animals, such as pigs and crows; creatures who prey at night, such as owls, and articles customarily used in black magic, such as the pumpkin, all carry "destruction messages."

Rational interpretation, however, is far less popular than the alternative method which is best described as non-rational, since it can involve either intuitive or paranormal cognition, or, more frequently, both.

A typical example here is the "reading" of a leaf. In this operation, the polka-dot, multi-colored leaf of the "Jeremiah" Croton (*Codiaevum-variegatum*), is most popular. The reader concentrates his vision on these spots until they first become blurred and then separate into real and virtual components. The virtual component is believed to have been separated from the real by the spirit, and during the process of this separation the message it carries is instantaneously impressed upon the reader.

This same method can be used for "reading" the flame of a candle, a glass of water (with a coin in it and a light nearby for reflection), the sun, moon, stars, or sign characters.

VISUAL concentration is not the only form of non-rational cognition practiced. In the case described earlier, the healer received his impressions non-visually through songs, the rhythm of foot beats, laying on of hands, and general concentration. (The more sophisticated healers volunteer the information that concentration, visual

or otherwise, is the most essential element in "reading"). Further, some healers do not require any specific sensory stimulus, visual, auditory, or otherwise.

In the village in which I lived, a woman whom I had found to be an excellent and very reliable informant told me her experience with such a healer. This woman believes in the existence and the power of spirits, but is quite distrustful of healers. On the sudden death of her much beloved little daughter, however, she was persuaded by a relative to visit a reader in a distant village, after both had agreed that the medical diagnosis of "typhoid" did not account for the child's strange behavior prior to death. The reader asked her visitor no questions but merely acknowledged her presence with the invitation, "Sit, daughter." After a prolonged silence, the reader, who did not seem to be preoccupied in any specific manner, began to draw in a notebook before her.

When the sketch had been completed, the village woman told me, she was amazed to see that the roadway to her home from the main road had been sketched, with buildings such as shops, churches, etc., accurately located. The woman's home was also depicted, and in the front yard the reader had sketched a banana tree at a spot where one actually was located. The reader instructed my friend to keep her other children away from this tree, for the spirit which killed her daughter resided there. The reader explained further that the malevolent spirit had been set there by a neighbor as a result of a quarrel.

This woman kept her discovery confidential as she was afraid that the news of her visit might reach her church brethren who would ostracize her, since they disapproved of such practices. Years later, she discovered that her husband had secretly visited a "card-cutter" elsewhere and had been given precisely the same information about the banana tree and the neighbor.

In practice, one rarely finds diagnostic methods restricted entirely to the rational or non-rational categories in a particular "reading," for even in such methods as gazing in the sun or the flame of a candle until it becomes red and separates into two images, the virtual image often takes the form of an animal, or some other non-abstract object from which the reader can "rationally" deduce his information. What is most usual is that diagnostic methods will emphasize non-rational cognition, supplemented by deduction.

BEFORE discussing the question of therapy in unorthodox healing, it would be best to consider

the categories of complaints which are usually brought to the healer.

For convenience, the disorders are classified in two groups: psycho-physiological and social. The first category refers to illness of a psychological and/or physiological nature; it is not intended only to mean psychosomatic, although such disorders are included. The second group includes such problems as how to attract or keep a lover, obtain a job, increase prosperity in business, and so on. Such problems are as frequent as those of the psycho-physiological group, but they will not be discussed in this article since the word "healing" is used here in its more usual sense: correction of a psychological or physiological disorder.

The most common psycho-physiological disorders with which a healer deals are the following: paralysis; septic ulcers; sterility; venereal disease; excessive vomiting (hyperemesis); lack of appetite (anorexia); distended abdomen; obstipation; influenza; headaches; colds; body aches; high or low blood pressure; extended pregnancy; tuberculosis; blindness; deafness; epilepsy; neuroses, especially hysteria and kleptomania; and various psychoses.

Each of these disorders can result from purely psychological or physiological causes, or—according physiological causes, or from the influence of malevolent spirits.

Prescribed treatment for psycho-physiological disorders usually includes teas made from the root, leaves, or fruits of indigenous plants; laxatives; patent medicines.

A woman of the village in which I lived told me of her own case, which illustrates the treatment of a purely physiological disorder. She was critically ill with typhoid and eventually the attending physician conceded the case. At this point a blind neighbor, who was a sometime healer, volunteered her help. She requested a clean towel and a basin of cold water with which she sponged the dying woman vigorously. Meanwhile, relatives and friends who had gathered to prepare for the burial sang and prayed fervently. The semi-conscious woman was then raised from her bed and persuaded to walk from her room to the gathering outside without assistance. My informant recalls a strong sensation of increased consciousness running through her at that time. The healer requested a cup of warm tea made from the leaves of physic nut (*Jatropha curcas*), Spanish needle (*Bidens pilosa*) and fever grass (*Wilfrid*), without sugar or salt. After drinking this, she felt a renewed strength and was able to stand among the amazed gathering for many minutes. In the days that followed, she improved rapidly. In fifteen days, she considered herself fully recovered.

Hysterics and psychotics are usually treated with shock, rather than internal medication. The most popular forms of shock treatment are partial asphyxiation with smoke, sudden immersion in cold water, and fervent prayer.

WHEN spirit interference is diagnosed in any disorder, the prescribed therapy must fulfill one of three functions: eject, catch, or propitiate the malevolent spirit.

Spirits favor rum, wine, milk, cakes, bread, fruits, carbonated beverages, sacrificial blood, sugar-and-water, perfumes, and flowers; on the other hand, blue candles, lime, salt, cutting instruments, guns, and whips, can be used to repel them. Pharmaceutical liquids and powders are also widely used to attract or repel spirits; these often have names which suggest their specific usage: for example, oil of love, compellance powder, deliverance oil, and attraction powder. Others have such exotic names as Blood of Jesus, and Seven Kings Oil.

The most important rituals in which these various materials are used are called "tables" and "baths."

In the former, the materials selected to catch, expel, or propitiate the spirit are spread on a table and the ritual proceeds with singing, dancing, feasting, and spirit-possession for one or many more days.

In "baths," the ingredients are added to water which is then used to sponge the individual thoroughly. Any item from the previous list of materials can be used, providing it is water-soluble. In a "blood bath," which is considered the most powerful, a pigeon is usually torn in half over the client's head.

"Tables" are used exclusively for the treatment of cases where spirit-interference is diagnosed; "baths" are sometimes prescribed for purely psycho-physiological disorders, although internal medication or the laying on of hands are the most accepted forms of therapy here. Internal medication is not widely prescribed for cases of spirit-interference since, with few exceptions, the pharmaceutical compounds, which are usually required here, are generally considered unsafe for internal use.

THE novitiate in healing usually relies on the spirit to dictate the mode of treatment as well as the ingredients for the prescription in all cases, whether spirit-interference is diagnosed or not. Repeated successes or failures with these selections, however, soon guide him in the formulation of standardized treatments. But the element of standardization is never rigidly applied, for it is perfectly acceptable to alter the ritual radically or substitute ingredients in the prescription to fit the particu-

lar case or pocket of the individual. These alterations may or may not be dictated by the spirit. It is quite acceptable for a healer to treat a disorder with entirely different methods on different occasions; or conversely, to treat dissimilar disorders with identical methods. It is very unusual for different healers to prescribe identical treatments for the same disorder.

Standardized therapy is, therefore, a secondary development arising out of repeated consultation with the spirits. Despite its incidence, it is considered a secondary way of deciding on the type of therapy to be applied. The predominant method is spirit-consultation, that is, "reading," and as previously seen in the discussion on modes of diagnosis, this is achieved primarily by methods of non-rational cognition.

IN this article, the unorthodox healer has been recognized as a spiritual healer. He is, further, a folk-healer, but with certain significant qualifications.

Herb lore is widely known among the Jamaican peasantry; hence, the healer is not considered an indispensable consultant in complaints which can be treated with herbal medicine, that is, psycho-physiological disorders. He is, however, indispensable in matters of healing where the use of spirits or spirit-control is involved.

Secondly, the healer's clientele is further reduced among the folk population by the large segment who consider the power of spirits to be too innocuous to require specialized and elaborate treatment. These patronize healers only in emergencies.

This adulteration of the belief in the power of spirits fundamental to Jamaican folk religions is largely produced by the influence of other social institutions, such as organized religion, education, social class, and statute law.

The influence of education, notably in the field of medical science, is one of the most important modifying influences. Physicians are generally opposed to unorthodox healing, although they do not campaign against it, and some will even suggest that the patient try "other means" when medical aid seems impossible. The popularity of medical science among the folk people is limited by the following factors: the reluctance of physicians to give diagnoses which are meaningful to the people, when diagnoses are given at all; the lack of confidence of the people in the prescription of pills or medicines with pleasant flavors, which conflict with their customary belief in dark, bitter, and effervescent brews as the most effective medicines; and thirdly, in the rural areas, the medical fee of five to eight shillings per visit is two or three times as much as the

healer's fee for simple healing rites. The elaborate preparations for a complex ritual such as a "table," however, cost many pounds, and in Kingston even the simpler rites are more expensive than medical attention, especially since free attention at Government hospitals is more readily available there.

THE influence of organized religion is split between the nominal and the spiritual churches. Representatives of the latter group, such as the Church of God in Christ, accept unorthodox healing in principle and practice as a divine gift. Hence, they question cult healers only on theological points: the source of power, and the type of rituals. The nominal churches, which include the Church of England, the Methodist, and the Moravian churches, the traditionally opposed to healing primarily on the theological ground that God invests no such power in man. Many folk people, however, subscribe both to healers and to one of the nominal churches, disregarding the conflict.

Statutory legislation also opposes unorthodox healing. The law is applied very sporadically, but when applied, conviction is almost assured. The healer, therefore, cannot risk a general advertisement of his services.

These are the major factors which limit the influence of the healer among the folk population of the island. Apart from this segment of the population, which constitutes the "lower" class, the healer receives little support from "upper" and "middle" class groups, since there is a definite social stigma attached to association with folk religion. It might be expected that this stigmatization would incite socially ambitious lower class members to oppose healing practices. Although this is sometimes true, it is minimized by the fact that the wide and distinct gap between lower and middle class groups in Jamaica discourages behavior aimed at improving social status. It is more generally true in rural communities, where a more homogenous class structure makes possible a somewhat higher degree of social mobility.

Naturally, the large number who are discouraged from patronizing unorthodox healers because of the social stigma, theological arguments, or any of the other reasons already outlined will seek medical attention, or, to a far lesser extent, herbal treatment. The unorthodox healer is, therefore, not the *only* source of healing aid in Jamaican folk society, but he is certainly one of the most influential ones.

SIGN OF THE HEALER

by Sherman Yellen

Modern medicine cast the idols from the temple of science; to this day, the serpent symbol of the Babylonian god Ningischizida remains supreme

OF the many symbols that men have created to represent the spirit and art of healing, only the serpent entwined around a staff—known as the Caduceus—has survived the passing of civilizations. Though its present day application as the sign of the healer is purely traditional, the fact that it is still used is worthy of notice.

It is not merely chance that the serpent has remained as the healing symbol, but in the true Darwinian sense a survival of the fittest. Why did the serpent symbol survive while the phoenix entered into poetry and the turtle remained behind for the archaeologists? The answer can be found in the history of the serpent symbol, where we can see it develop with man's first attempts to control and placate the unknown forces which threatened his existence with illness and disease.

MODERN CADUCEUS

The symbol of the serpent healer cannot be traced to a single origin, and followed through one line of development. Rather, the serpent symbol appeared at different times, in different civilizations, from the dark years of the early Mesopotamian empire to the earliest record of Buddhist belief.

THE serpent symbol as we know it in the Caduceus form seems to have been originally conceived in Mesopotamia around 4000 B.C. The Caduceus, contrary to popular belief, was not original with the Greeks—but had its rough be-

ginnings as the Babylonian candellabrum. This was a symbol representing two serpents coiled around a rude wooden staff. This symbol was woshipped in its Caduceus-candellabrum form and was the attribute of Ningischizida, son of Ninazu the lord of physicians and messenger to the great nature diety Ishtar.

Ningischizida was a messenger god, the proto-Hermes who was worshipped for his ability to lead the supplicant to Ishtar, who like Hydra, the Greek birth goddess, is closely associated with the snake. Ishtar is at times represented holding the Caduceus in her right hand, the symbol topped by a fruit from the tree of life. At times the Babylonian Caduceus is accompanied by the crescent moon and surmounted by a solar disk, the other Babylonian symbols of life.

The Caduceus staff is sometimes replaced by the figure of Ningischizida himself, but in its most beautiful remaining relic, the Gudea Libation Vase (2700 B.C.), we see the classical Caduceus—staff and serpents—flanked by two totem-like genii. The Gudea Libation Vase was presented by the high priest to Ningischizida, and is a magnificent testimony to the high esteem in which the serpent and his divine manifestations were held.

The serpent symbol of the Caduceus was inherited by the ancient Greeks, but it is the messenger aspect of Ningischizida that is developed in Hellenic religion. The Caduceus was the symbol of Hermes, messenger of the gods and patron of thieves and merchants. His duties included the leading of the dead to their final destination. It is this aspect of the serpent, as representative of the subterranean forces, that the Greeks associated with the Caduceus. The serpent, whose natural domain lay beneath the earth, was the logical symbol for the infernal diety. The healing aspect of the Caduceus symbol was forgotten, and the serpent lost its mate and reappeared as the Aesculapian staff—the single serpent coiled about a staff—the symbol for Aesculapius, god of healing.

The development of the Greek healing symbol, the Aesculapian staff, is a perfect example of the patchwork nature of Greek myth. The lack of any central authority for the Hellenic religion leaves us with many conflicting versions of the origin of Aesculapius. The predominant version traces the beginnings to Apollo, the most versatile of Greek gods. Apollo, having killed the prophetic serpent diety Python, established his Oracle at Delphi. It was to this oracle that the sick first turned for aid and healing.

Aesculapius, son of Apollo, was raised by the centaur Chiron who taught him the mysteries of healing. Upon reaching maturity Aesculapius not only cured the sick, but was called upon to resurrect the dead. His own death was attributed to the jealousy of Zeus, who fearing that Aesculapius would rid the world of death, destroyed him with a thunderbolt. Aesculapius with then taken to Olympus where he was deified.

The origin of the Aesculapian staff, the single serpent that represented the diety, comes from a myth which illustrates the marvellous healing attributes of the serpent. Aesculapius, called to the house of a dying man, stood in contemplation as a serpent appeared and entwined about his staff. Upon killing the serpent, a second appeared bearing a magic herb in its mouth. This herb brought the dead serpent back to life again. The legend states that Aesculapius used this herb to resurrect his human patients.

THE first Aesculapian cult began in Thessaly where Aesculapius was originally worshipped as a god of the lower regions. Snake worship, long associated with infernal gods, spread rapidly throughout Greece.

Temples dedicated to Aesculapius were the originals of modern sanatoria. Here the afflicted came to participate in the sacred rites which would offer them a diagnosis of their ailments and a method of cure. The temples were built in healthy regions, near natural spas and wells. After the initial preparatory rites, the sick spent the night within the temple, where the

Early Aspects of Babylonian Caduceus: The Candellabrum

god manifested in the dream of the sleeping worshipper. Serpents were kept in these temples, and they were venerated as a sign of the god. The pilgrims regarded the approach of the serpent as an omen of recovery.

From its center in Epidauros, the worship of Aesculapius spread to the far corners of the ancient world. New temples were consecrated by the appearance of the serpent, sent from Epidauros as the symbol of the healing God. The serpent was not the exclusive property of the Aesculapian cult, for the intensity of its symbolic powers lent meaning to the rituals

of the Bacchic orgies and to the power of other gods. Zeus appeared as a serpent in one of his many incarnations, and serpents were kept in the shrine of Apollo. But where the serpent is not used directly to represent the healing process, he figures as a power of fertility or prophecy, two aspects of serpent worship which are interrelated with early healing practices. The Romans recognized the potency of Greek healing rites and founded their own Aesculapian cult in 400 B.C.

IT seems paradoxical that the ancient Greeks, noted for the superb logic of their culture, would choose for a symbol of healing the one creature whose most natural association would be death. Yet the fact remains that it is the serpent's life-giving quality, contrary to man's natural experiences, which is emphasized in myth and symbol. Perhaps it is the singular position of the serpent in the animal world, his seeming independence and lack of relationship to other animals which accounts for his position in myth. The Aesculapian staff bears a certain loose resemblance to the human umbilical cord and this may be its most important natural source as a life symbol.

The strength of the serpent is given its greatest show of power in the Hebrew use of the symbol. Moses, the greatest of all symbol-haters, created his serpent of brass as a means of healing those whom the serpent had marked for destruction. An image of the brazen serpent, which was called Nehushtan, was kept in the holiest of Hebrew shrines, and incense was burnt before it.

This practice was continued until the temple was cleansed during the reign of King Hezekiah. Here is the definite indication of the sacred nature of the serpent to the Jews, prior to the 7th century B.C. In the magic rituals of Solomon the serpent is seen as a great force of mystical power.

Two representations of Ningischizida, showing unity of serpents with deity.

The serpent symbol carried the healing association beyond the framework of western culture. The trisula, often called the Caduceus of India, is taken by some to be

the original form of the Caduceus. It is the form in which the Buddah revealed himself during the world's beginning.

The snake was sacred to the American Indian, figures prominently in Haitian Vodun, and in each case the serpent is shown as the life-giving force, a force transformed by the culture which utilizes it as a symbol. To the American Indian, the snake "cured" the drought which threatened the crops by commanding the rains to fall. In Norse culture the serpent's powers were involved in the bleak, desolate struggle of Arctic life.

The early civilizations, like primitive societies, did not recognize the separation of the healing arts from their religion or magic. Symbol and science were one; and the symbols which represented the healing deity were not decorative insignia, but a vital, necessary part of the cure. It is natural that the serpent, whose association with the phallus as the symbol of life, and whose circular aspect represents the forces of infinity and immortality, would become the healing symbol.

CHRISTIANITY was not friendly to the snake-healing symbol. Although archaeologists have shown that early representations of Christ were borrowed from the Greek conception of Aesculapius, the serpent was discarded as a positive life force; it descended as a healing symbol, but was reborn as the sign of the devil's advocate.

The last stronghold of Aesculapius in the Christian world is found in the rites of Simon Magnus and Appollonius Tyaneus which lasted a short one hundred years, dying

Gudea Libation Vase (2700 B.C.)

out around 95 B.C. The worship of Christ, saviour from every physical and moral ailment, first absorbed, and later suppressed the worship of Aesculapius. The Christ figure, emphasizing the purity and continence of the healer, abandoned the ithyphallic nature of all former healing ritual.

The Caduceus symbol, like so much of classical belief, slept through the middle ages. Aristotelian science languished, and pharmacy was the primary medical concern. Though serpent symbolism had lost its legitimate stature

as the official representative of a highly developed and organized cult, the symbol did not die, but went underground to reappear as folk lore.

In England, various popular beliefs carried on the tradition of the healing serpent. In North Lincolnshire it was believed that "If you wear a snakeskin round your head you will never have a headache." In Sussex, the local remedy for goiter was an intricate snake ritual lacking the more formal beauty of Greek rites, but serpent worship none the less. The belief in the serpent's power to prolong life was common at this time.

THE birth of modern medicine cast the idols from the temple of science. The renaissance created a token revival of the Caduceus symbol, and early printers graced medical books with the device of the two serpents and the staff.

The refinements of serpent worship were hopelessly confused, and the Caduceus replaced the Aesculapian staff as the healing symbol. In a sense Babylon had triumphed over Greece, for the double snake, coiled as in copulation was the victor in the contest between the single serpent of Aesculapius and the double serpent of Ningischizida and Hermes. Even the evil role of the serpent in Eden could not completely obliterate the healing aspect of its symbolic use.

Regardless of the form in which it came to manifest itself in modern times, the serpent had returned. The serpent which sloughs off its skin with seasonal regularity, symbolizing the process of regeneration, was too well endowed by nature to completely lose its healing attributes. Though it is the Caduceus of the proto-Hermes rather than the staff of Aesculapius that has survived, it cannot rightly be regarded as the victory of one set of gods over another. It is, rather, the triumph of the serpent, symbol of a life force which will not die, but transcends time and the flux of civilizations. Like most perfect symbols, the serpent is compounded of paradox, and paradox has fortified its strength as the sign of the healer.

The staff of Aesculapius — worshipped throughout the ancient world as the sign of the classical Greek healing diety adopted by the Romans and later absorbed by Christianity

BRITAIN'S No. 1 "HEALER"

by Robert H. Thouless

Harry Edwards claims the aid of "spirit doctors," and 6,000 witnesses support his views. How good is their evidence, and what does it prove?

MR. HARRY EDWARDS is one of many spiritualist healers in Great Britain. For various reasons, he is the one who has attracted most public attention, and the question of whether one is to believe or not to believe in the efficacy of unorthodox methods of healing is often treated as if it were the same as the question of whether or not one is to believe in the efficacy of healing by Harry Edwards.

In reality, there is a much wider question. Harry Edwards is only the best known of the spiritualist healers and the spiritualist healers are only one group of the unorthodox healers. There are also healers who practice unorthodox methods within the medical profession, and those who use such rites as unction and the laying on of hands and services of prayer for the sick within some Christian denomination. None of these would explain such healings as they believe to result from their ministrations in the same way as the spiritualists.

Mr. Edwards strikes those who meet him as of a pleasant personality. He is of late middle age, with grey hair. He combines a modest manner with complete self-confidence. He works with two helpers, Olive and George Burton.

Mr. Edwards has had no medical training and professes no special medical knowledge. After service in the army during the first world war, he ran a printing business and became politically active in the Liberal Party cause. He was agnostic and disinclined to believe in Spiritualism when he attended his first séance a little more than twenty years ago. He became convinced, however, of the genuineness of the phenomena he witnessed and joined a development circle. He felt a desire to heal under spirit control which is reported to have been strengthened by early successes. Ultimately he made this a full-time life work.

His ministrations to the sick take place under three circumstances. First, there are those who visit him at his Sanctuary at Shere, in Surrey. Secondly, there are those about whom he hears by corespondence, who are treated by "absent healing." Thirdly, there are those who attend his public meetings and receive treatment in public on the platform. The largest of these groups is that of those who receive absent treatment. The illnesses dealt with cover a wide range; cancer, tuberculosis, arthritis, blindness, epilepsy, etc. It is claimed that eighty percent of those treated report easement and benefit in one way or another, and that of these a third are made well.

MR. EDWARDS does not claim that he is himself gifted with any special power of healing. He attributes the successes of his treatment to the agency of spirit doctors and regards himself merely as an instrument of these discarnate healers. He agrees that some special qualities are necessary in the individual who is able to act as such an instrument and regards these special qualities as "simplicity" and "attunement with the heavenly host." He believes that all those who have the desire to heal the sick can develop these qualities and so become efficient intermediaries for the spirit doctors.

TWO questions are naturally raised by Mr. Edwards's healing work. First, is there evidence that there is a healing process at work beyond the normal processes of healing known to orthodox medicine? Secondly, if paranormal healing processes are taking place, are these to be explained as the result of the activities of spirit doctors?

All those who have seen Mr. Edwards's public healing meetings would, I think, agree that some improvements take place on the platform. Arthritic limbs are, for example, moved to an extent which is reported by the patients to be greater than the movement they have been able to make for many years.

Cures of sensory defects are less apparent. Partially blind people seem still partially blind after treatment. No exact test of visual capacity is made but the leading question is often asked "You can see better now, can't you?" The answer "No" has been given in several cases observed by me or reported to me. An answer of "Yes" would be of little value in the absence of exact tests of visual discrimination.

Movement of crippled limbs is more striking, but does not seem convincing evidence of paranormal healing to the medical critic. The possibility that the movements are temporary effects of an uncon-

sciously adopted technique of suggestion must also be considered. Mr. Edwards certainly uses phrases to his patients which might be expected to convey suggestions: "It won't hurt you," and "Now lift your arm above your head." While success in carrying out the movements ordered when on the platform seems remarkable to the audience, the doctor is inclined to ask whether the ability to make the new movements remains with the patients after they have left the platform. In some cases, it has appeared that the old disabilities have returned soon after the patient left the platform, and it seems that a much more prolonged treatment would be necessary to produce any permanent improvement.

IT is not, however, on these cures obtained at public meetings that Mr. Edwards principally relies in his book *The Evidence for Spirit Healing* (London, 1953). Here there are over 6,000 letters from patients reporting cures or improvements which the writers attribute to Mr. Edwards's treatment, of which large numbers were from persons treated by the "absent healing" method.

I quote a small sample of these:

Under the heading of "The Healing of Cancer and other Growths":

1. *He was probably going to have an operation for a tumor on the kidney. A week or two later, I was told he was operated on, but when the doctor examined his kidney, there was nothing wrong with it. The tumor had been dispersed.*
22. *She had a growth on her nose, and it has quite gone.*

Under "The Healing of Tuberculosis":

556. *My husband's X-ray showed no sign of T.B., as you informed me would be the case. Also there is further improvement in his general health.*
576. *The doctor says I have made a good recovery and I shall soon be going home.*
596. *The doctor told him there is no sign of TB left. He has returned to work today.*

Under a sub-heading of "Medical Incredibility" are reported cases in which doctors are said to have been surprised at the recoveries:

673. *They find the wound on my daughter's lung has healed. The doctor seemed quite astonished at such rapid improvement.*
693. *The cavity in the lung is healing. They told his mother the operation is not needed. The doctors are puzzled.*
713. *The doctor is very surprised at the change. He is now able to eat and can get up if he wishes.*

There are similar reports from patients and from relatives of patients suffering from other illnesses. Considerations of space forbid

further quotations, but those given are sufficiently representative to give some idea of the weight of the evidence. As evidence that many of Mr. Edwards's patients get better and attribute their improvement in health to what he does for them, the letters are quite convincing. As evidence of anything further, they are, I think, of very little value.

IN these excerpts from letters very much is omitted that would be necessary before they could be accepted as evidence of paranormal healing power. What was the evidence on which the original diagnosis was based? What was the evidence on which the statement of cure was based? Was the evidence of an objective kind, such as an X-ray photograph? If so, exactly what did it show? What medical treatment was adopted at the same time as the treatment by Mr. Edwards? What was the medical prognosis? What was the likelihood of a spontaneous recovery if there had been no treatment? How lasting was the improvement?

In very few of the excerpts are any of these questions answered. When they are answered, they are answered by the patient without supporting evidence from doctors. It is clear that a patient's opinion of what is wrong with him, of the extent of his recovery, and of what has caused his recovery, are of very little value as evidence.

Of little value, too, are the patient's reports of what the doctor said, and of how surprised the doctor was at his recovery. A doctor may indeed be surprised at any spontaneous remission of symptoms, but I understand from talking to doctors that they are used to being surprised and that they are strongly aware of the limited extent to which they can make accurate predictions of the course an illness will take. Patients surprise them by getting unexpectedly better when no spiritual healing has taken place. Their patients also surprise them by getting worse and failing to recover when they were expected to. Medical surprise cannot safely be taken as evidence of paranormality of healing.

This is not, of course, to suggest that Mr. Harry Edwards's patients are not healed sometimes by means unknown to medicine. They may very well be; indeed no disproof of that would be possible. The question is as to whether the mass of testimony accumulated in his book would provide evidence for spiritual healing to anyone familiar with the accepted criteria of scientific proof. On the question of evidence (not of fact) I think the answer must be that it is wholly inadequate. Nor is it redeemed by its quantity. Over 6,000 weak testimonies do not necessarily add up to a convincing whole.

THE type of evidence given in Mr. Harry Edwards's book is in marked contrast with that given at Lourdes. There all cases of healing are studied by a Medical Bureau consisting of qualified doctors. The only cases forwarded to the theologians for consideration as miracles are those in which there is objective evidence of structural defect, sudden healing, no medication at the time of healing, complete or virtually complete disappearance of the sign of the disease, and a medically confirmed permanence of the healing for at least a year.

It is true that in the period of little under a century since the cures started, there have been only forty-nine healings which satisfied all of these very rigid criteria. This would seem to be about 1 in 2,000,000 pilgrims. Nevertheless, this number of well attested organic cures is better evidence for paranormal healing than eighty percent of patients who have the opinion that they have got better as the result of the ministrations of a healer.

Mr. Edwards is, of course, in no way to blame for what is defective in the evidence he has to offer. To accumulate evidence that would seem convincing to the medical world would require a research organization with full-time medical workers who could keep records, follow up cases, and make statistical studies. Mr. Edwards has no such organization and probably feels that it is not necessary, since his primary object is to carry out spiritual healing and not to convince the doctors of its reality. It would also require a degree of cooperation of the doctors attending his patients and a communication of medical details which are not, I believe, given to a non-medical person. The reason for the absence of scientifically satisfactory evidence is clear enough, but this does not alter the fact that the evidence is unconvincing.

IT is a reasonable question to ask what evidence for paranormal healing would seem convincing to medical critics. It is sometimes suggested that the refusal of doctors to be convinced by such evidence as that to be found in Mr. Edwards's book is a result of the invincible prejudice of doctors. Prejudice there may be, but the fault also lies, as I have tried to show, in the unsatisfactory nature of the evidence itself.

It is not unnatural that doctors trained in scientific medical schools should be unwilling to believe in healing agencies of a kind altogether different from those of current medical practice. This merely means that they might require more evidence for the reality of spiritual healing than for the beneficial action of a new drug, not

that no evidence would be found convincing or that the evidence must be different in kind.

The usefulness of a new drug also requires proof. The medical research worker requires better evidence that the mere opinions of many patients that they have been cured by it. They could not regard such opinions as doing more than creating a *prima facie* case for the usefulness of the drug. Whether it was really beneficial or not would have to be decided by research which fulfilled ordinarily accepted criteria of scientific proof. The requirement is not essentially different for establishing the reality of paranormal healing.

Two methods would seem to be available. First the medical study of selected cures by Mr. Edwards which he considered to be such as to show improvement beyond the power of medical science to explain. This, of course, is the method adopted by the Medical Bureau of Lourdes. Such a study is, I understand, now being made by a committee of the British Medical Association. Such a study, involving following-up of individual cases for a sufficiently long time to establish the permanence of any apparent improvement must, of course, take some time, but it is to be supposed that any results that are obtained will be made public in due course.

Secondly, there is the more standard procedure of testing new treatments by comparison of progress in pairs of patients suffering from the same disease, with as nearly as possible the same severity, of whom one is receiving the treatment while the other is not. It is, of course, necessary that the patients should not know which is receiving the treatment in order to eliminate any healing effect of the patient's own expectation of relief. This would seem to be ideally applicable to patients receiving Mr. Edwards's absent treatment but its use is prevented by the difficulty of getting hospitals to give the names of patients for a non-medical treatment of which the patients are unaware.

Either of these methods would be capable of providing the kind of evidence required. If either gave positive results, it would not be certain that all doctors would believe in the reality of Mr. Edwards's healing. It would then be possible, however, to claim that the evidence was such that they ought to believe in it. I do not think that that is the case now.

TO say that the evidence for paranormal healing among Mr. Edwards's patients is not such as would provide proof for the skeptic is not to say that he does not heal paranormally. I believe that there is a capacity for paranormal healing and it seems the most likely

explanation of Mr. Edwards's success that he is a genuine agent for paranormal healing. If so, it is reasonable to suppose that his paranormal healings are mixed up with healings by suggestion, cases of spontaneous cure such as are met with in ordinary medical practice, and cures which take place as a result of medical treatment which is going on at the same time as Mr. Edwards's treatment.

Without much more detailed research than has been carried out, it is impossible to surmise what are the relative parts played by these different factors, just as it is impossible to give any proof convincing to a skeptic that any paranormal healing process is at work at all. I think that most probably it is, but there is no reason why the skeptical doctor should accept my opinion.

I feel much more doubtful of Mr. Edwards's explanation that the agency of his healings is that of discarnate "spirit doctors." It is difficult to see how the truth of this opinion could be demonstrated; certainly it cannot be disproved. One's choice of explanation must, therefore, be a personal one determined by one's judgment of intrinsic probabilities. The hypothesis that the healing power is one residing in Mr. Edwards himself seems to be simpler and more economical, and so I prefer it.

INSPIRATION AS CURSE

A Book Review by Montague Ullman

"I was a child who felt I was deprived of something which I cannot define, but something half divine, perhaps, between love and liberty"

A RAY OF DARKNESS, by Margiad Evans, Roy Publishers, New York. 1953. 191 *pp.* $3.00.

THIS is the story of a very sensitive woman, a writer by profession, who developed epilepsy at the age of forty-one. It is also the story of a human being whose deepest satisfactions were derived from her absorption in the world of natural phenomena rather than through social relations. The book may be evaluated from a great many different vantage points. If the greatest emphasis is here placed on the psychological problems that are raised, the bias rests with the reviewer rather than the author.

The literary and aesthetic qualities are deserving of more than passing mention. The author has attempted to write a story, but, as she aptly phrases it, a story being asked rather than being told. It is a biographical fragment, following upon a previously published autobiographical account, and it deals with the critical period of her life starting soon after turning forty when she experienced the premonitory symptoms of her illness, up to a year or so later, after she gave birth to her first and only child.

As a human document it is a very moving, revealing, and profoundly honest account, filled with penetrating insights and dramatic descriptive passages. The style is direct and delicate. Many of the author's poems are interspersed throughout the book, prefacing or illustrating her various moods and preoccupations. Her sadness, her ecstasies, her humility, her longings and frustrations, her bouts of terror and helplessness, are all portrayed simply and without sentimentality.

The basic struggle which is projected arises out of the contradiction in which she felt enmeshed—on the one hand the limitations of her activity in her effort to bring to fruition her creative artistry,

and on the other hand the need to accomplish the day-to-day tasks of living. Such appears to have been her dilemma and with but slight modification her struggle highlights some of the most typical problems faced by artists in our culture.

THE book was written when her composure had been regained in some measure following on the great uncertainties and fears roused by the illness in its initial phases, and subsequent to the adjustment made to the challenging experience of childbirth under the given circumstances. Both served to heighten her introspective search for meaning and balance. Both left her deeply changed in some respects, but perhaps in an over-all sense changed but little. The book explores the years immediately preceding these events as well as the events themselves. There are passing but significant references to her childhood:

"I was a child who felt I was deprived of something which I cannot define, but something longed for, something half divine, perhaps, between love and liberty. At the same time I have always had long or short spells of profound harmony and peace which righted the agonies, the hatreds and the unrequited loves of my youth. This harmony and peace came directly from nature and landscape: not until I was within two years of my first fit did I associate it with God. Certainly I have no other religion except the enjoyment of nature and the belief that all life should be treated with tenderness."

The picture of her mature years is one of a dedicated person whose needs and activities, while of a very circumscribed nature, appear to have been intensely experienced. Aided by a lively imagination and a heightened sensitivity, she managed to lead an almost secluded life during the tumultuous times preceding and following the Second World War. In fact, what strikes this reviewer as most singular in the account of her life as given is how little recognition is accorded the social setting in which her life is lived. Expression of the social scene is given only in terms of its immediate impact on herself via neighbors, doctors, etc.

Her marriage is drawn in sketchy and idealized terms with little feeling of what presumably is a living and vital relationship. One of the few references to the existence of an outside world peopled by human beings occurs toward the end of the book when she mentions a visit of her husband to a movie starring Alec Guiness. Except for such rare contemporary guideposts it would be difficult to date her life—not in terms of decades, but even in terms of centuries.

Indeed, her preoccupation with people seems to center mostly about figures from the past, people who lived in her imagination and whose presence she felt in a very real way: ". . . in a world directed by many thousands of geniuses and gods who have moulded the mass of mankind, my interest has ever been confined to a very small number. The writings of Thoreau, of Byron, of Herbert and Vaughan, and in more modern times of Lawrence and Jefferies, became more and more analogous: the music of Bach, Beethoven, Handel and Mozart, interwoven with their human and divine lives, obtruded where there could be no certain connection but one of a mind disturbed."

The author is a self-acknowledged mystic, but one whose mysticism is rooted in her absorption with nature rather than primarily with experiences concerning a transcendental being. Oriented thus, she inevitably experiences her artistic needs as in opposition to her material needs and at times almost incompatible with her day-to-day living experiences. It is this cleavage which accounts for so much of the circumscription not only of her life but of her thinking.

HER illness forced her to think a great deal about the split in her structure, although the actual movement of her life seems to have forced her into the position of justifying the split rather than questioning it as a victimizing process. At any rate, the picture prior to the onset of her epilepsy was one of accomplishment—in addition to her sustaining adventures in subjectivity there was what appears to have been a stable marriage, the maintenance of a home and the dogged pursuit of a greater development as a writer and artist. It is into this picture that the premonitory signs of her illness intrude themselves: "Gradually a most disagreeable and threatening sort of restlessness spoiled all my happiness and took away my peace. It is hard to describe, but it was as though I couldn't stop *hurrying*. I lingered over nothing, neither work nor loveliness."

She experienced at this time a heightened preoccupation with death: "It was not that I wished to die but that the thought of death to my hurried, anxious mind was lovely and soothing. To return to Earth and to lie still with no labours unfinished sounding their dissonance for ever in my spirit." A temporary respite occurred when an unexpected bit of good fortune made a vacation in Ireland possible.

"The headaches, the sloping giddiness, the dizzy attacks, the depressions which paid off the exaltations of being, all disappeared. Mentally I was as clear as the

ountry unspoiled by traffic, as alm as the long, long roads where neep and cattle and donkeys took he place of ghastly speed and hid-ous shapes. And again it was ictures of natural things I took ack in my mind—the dark colour nd the feeling of arbutus leaves ouched on the West Coast, the tlantic waves weaving seaweed ith waxy foam, the heather on op of a high hill swung by bees ke a breeze, for these were my ures. And the brain, knowing be-ore it tells of its malady, seeks for ne cure. And mine, as it always ad, went its country way, a herb-list of a brain, a gatherer of mples."

The shock of the first convulsion as followed by the uncertainties f a waiting period during which xploratory diagnostic studies were arried out. The immediate physi-al impact was succeeded by the sychological impact—the search or the meaning of the disease in rms of her way of life. The ill-ess itself is vividly described:

"There is a phrase of a dream *Autobiography* which describes ne preliminary warning of an ap-roaching epileptic attack although was written merely of a night-are: 'the heart stood to meet its nemy.' After this desperate stand omes a fluttering tremulousness of ody and mind. The intensity var-s; but it is physically like a reeze or a gale entering one and

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agitating all one's being. The old idea of demoniac possession, I am sure, arose not from the onlookers of sufferers in fits but from the sufferers themselves. Because in the violent attacks one feels as though the body has been entered by a terrific alien power; and that that power is trying, after entrance, to push its way out again. It is not unlike labour, but not so intelligent. If the consciousness is prolonged until the fall, as mine has often been, the flesh with its limbs and its orderly muscles seems actually to be entangled—the body is on the point of being blown aside as if it were what mystics have called it, a curtain: or as Blake said, a shady grove."

THE author expresses in her own unique way an accurate conception of what mysticism is: "When in the *mystic* state, in so far as I understand it, nothing is seen or heard, but what I have called the vision without vision (or without a seen picture) occupies, and in occupying dissolves, the senses in one certain sure understanding. Whatever the mystic experience, whether religious or com-

ing from Nature or from the consummation of an art, one knowledge seems to be inseparable from the moment—the knowledge of union. To be in the mystic condition is to feel, with mind, spirit and brain, Perfection, and not only Perfection but participation in it."

The epileptic experience deepens her mystical trends: "That a certain type of mysticism, spirituality or psychicness is a part of epilepsy I do believe even if the sufferer be mentally afflicted or I would not have written so much on this point. But the power is imperfect, which possibly begins the conflict, for only those who have it yearn for its perfecting. To those who believe in God and our part in God, it is imperative that He *must* exist: to those who stand a long way back and cannot reach believing, the hope is as much as God to the believer. Whereas to those who are unaware, there is no necessity and of course no conflict. That is why I ask, can epilepsy be a physical, unconscious awareness of a spiritual lack?"

From the vantage point of one who rejects mysticism, as does the reviewer, and holds it to be fundamentally a warped extension of subjectivity in an effort to master reality single-handedly, the portrayal of it in this particular individual appears to be of a defensive and compensatory nature. When sources of gratification in people are non-existent the way is open to, among other things, the path of mysticism. This path was pursued by the author, but paradoxically, not in a completely mystical way. People were dealt with in over-simplified form. Marriage and motherhood occurred—not in response to her mystical needs but her real needs.

IT is difficult in the state of our present limitation of knowledge concerning epilepsy to speak with any assurance of its link to personality problems. If one indulges in speculation, however, concerning this relation in the particular instance under discussion, the likelihood is that both the neurological manifestations and the mysticism are off-shoots of the same process rather than, as the author puts it, the epilepsy springing from a failure in the pursuit of spirituality. This reviewer's guess would be that the epileptic attack represents a massive, violent, total kind of protest, a standing still in time, an interlude of unfelt violence born out of the contradictory needs of separation from her human environment and her need for union with people in a meaningful and sensual manner.

Likewise, regarding motherhood, the conflict is revealed in a passage dealing with her reflections on confirming the fact of her pregnancy:

"To take leave of myself had become a commonplace. To create, although in another form, something from within me, was a commonplace also. Therefore, although I was over forty and had assuredly never expected motherhood, the prospect of it was less of a shock, less of a surprise, less of a novelty, less of an untried experience than it might have been to some one much younger and in more perfect health.

"Triumph I did feel, inseparable from the fulfillment of the purpose for which I was a woman: but I confess that it was a lesser one than I had already had in finding a child in the womb of my brain. Humanly it may be the supreme outlet for a woman's passion—to bear a child; but artistically it is not; and I will never agree that it can lastingly influence a woman artist from her greatest instinct. The neglect of many children by intellectual mothers may be due to this—that the brain and the womb are enemy cities, and the inhabitants of them are born to strive with one another."

Here again something is accepted on faith—the natural enmity of womb and brain—which in actual fact is a state of affairs determined by the impact of a particular set of mores existing in a particular culture at a particular time. The author conquers her death wish and that which is healthy in her reasserts itself and she says of herself in regard to her new role as mother:

"And what a change to be sensible instead of trying to be inspired."

Is it too much to hope that some day the real sensible daily activities of human beings will also be a source of inspiration?

American Indian image of Manabozho, healing divinity to whom was dedicated the sacred medicine feast, a healing ceremony.

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ALDOUS HUXLEY

THE DOORS OF PERCEPTION

A vivid, arresting and first hand description of the effects of mescalin, a little known drug of unusual qualities.

A Condensation of the Book published by Harper & Brothers, New York, 1954. Copyright 1954 by Aldous Huxley.

THE meeting of the drug mescalin with the brilliant, modern mind of Aldous Huxley, is recorded in his new work, The Doors of Perception, *condensed for our readers in the following pages. Here is Mr. Huxley's attempt to recreate his mystical experiment—which began with four-tenths of a gram of mescalin dissolved in half a glass of water, and ended with revitalized self knowledge.*

MR. HUXLEY took this step, seeking, as he said, to be "shaken out of the ruts of ordinary perception," to find "for a few timeless hours the outer and inner world" and "to know from the inside, what the visionary, the medium, even the mystic were talking about."

THE St. Louis Post Dispatch *has called this book "a vivid record of an unusual experience." The* New York Post *said that, "for those of open mind, Mr. Huxley presents a tempting experience," and "his challenge has been forceably put." The* Saturday Review Syndicate *called the work "impressive." Observing that Mr. Huxley uses mescalin as a door in the wall which obstructs self-transcendence, The* Chicago Tribune *stated, "Whether or not we shall hear more of mescalin as such a door in the wall, Huxley's testimony gives a provocative glimpse of the ecstasies of the other side."*

IT was in 1886 that the German pharmacologist, Ludwig Lewin, published the first systematic study of the cactus, to which his own name was subsequently given. *Anhalonium Lewinii* was new to science. To primitive religion and the Indians of Mexico and the American Southwest it was a friend of immemorially long standing. Indeed, it was much more than a friend. In the words of one of the early Spanish visitors to the New World, "they eat a root which they call peyote, and which they venerate as though it were a deity.

Why they should have venerated it as a deity became apparent when such eminent psychologists as Jaensch, Havelock Ellis and Weir Mitchell began their experiments with mescalin, the active principle of peyote. True, they stopped short at a point well this side of idolatry; but all concurred in assigning to mescalin a position among drugs of unique distinction. Administered in suitable doses, it changes the quality of consciousness more profoundly and yet is less toxic than any other substance in the pharmacologist's repertory.

Two or three years ago, a new and perhaps highly significant fact was observed.

A young English psychiatrist, at present working in Canada, was struck by the close similarity, in chemical composition, between mescalin and adrenalin.

Then came the discovery that adrenochrome, which is a product of the decomposition of adrenalin, can produce many of the symptoms observed in mescalin intoxication. But adrenochrome probably occurs spontaneously in the human body. In other words, each one of us may be capable of manufacturing a chemical, minute doses of which are known to cause profound changes in consciousness. Certain of these changes are similar to those which occur in that most characteristic plague of the twentieth century, schizophrenia. Is the mental disorder due to a chemical disorder? And is the chemical disorder due, in its turn, to psychological distresses affecting the adrenals?

The clue is being systematically followed, the sleuths—biochemists, psychiatrists, psychologists—are on the trail.

By a series of, for me, extremely fortunate circumstances I found myself, in the spring of 1953, squarely athwart that trail. One of the sleuths had come on business to California. In spite of seventy years of mescalin research, the psychological material at his disposal was still absurdly inadequate, and he was anxious to add to it. I was on the spot and willing, indeed eager, to be a guinea pig. Thus it came about that, one bright May morning, I swallowed four-tenths of a gram of mescalin

dissolved in half a glass of water and sat down to wait for results.

WE live together, we act on, and react to, one another; but always and in all circumstances we are by ourselves. The martyrs go hand in hand into the arena; they are crucified alone. Embraced, the lovers desperately try to fuse their insulated ecstasies into a single self-transcendence; in vain. By its very nature every embodied spirit is doomed to suffer and enjoy in solitude. Sensations, feelings, insights, fancies—all these are private and, except through symbols and at second hand, incommunicable. We can pool information about experiences, but never the experiences themselves.

In certain cases communication is incomplete or even nonexistent. The mind is its own place, and the places inhabited by the insane and the exceptionally gifted are so different from the places where ordinary men and women live, that there is little or no common ground of memory to serve as a basis for understanding or fellow feeling.

Short of being born again as a visionary, a medium, or a musical genius, how can we ever visit the worlds which, to Blake, to Swedenborg, to Johann Sebastian Bach, were home?

On the other hand, it had always seemed to me possible that, through hypnosis, for example, or autohypnosis, by means of systematic meditation, or else by taking the appropriate drug, I might so change my ordinary mode of consciousness as to be able to know, from the inside, what the visionary, the medium, even the mystic were talking about.

From what I had read of the mescalin experience I was convinced in advance that the drug would admit me, at least for a few hours, into the kind of inner world described by Blake and AE. But what I had expected did not happen. I had expected to lie with my eyes shut, looking at visions of many-colored geometries, of animated architectures, rich with gems and fabulously lovely, of landscapes with heroic figures, of symbolic dramas trembling perpetually on the verge of the ultimate revelation. But I had not reckoned, it was evident, with the idiosyncrasies of my mental make-up, the facts of my temperament, training and habits.

I am and, for as long as I can remember, I have always been a poor visualizer. Words, even the pregnant words of poets, do not evoke pictures in my mind. No hypnagogic visions greet me on the verge of sleep. When I recall something, the memory does not present itself to me as a vividly seen event or object.

Only when I have a high temperature do my mental images come to independent life. To those in whom the faculty of visualization is strong my inner world must seem curiously drab, limited and uninteresting. This was the world —a poor thing but my own— which I expected to see transformed into something completely unlike itself.

The change which actually took place in that world was in no sense revolutionary. Half an hour after swallowing the drug I became aware of a slow dance of golden lights. A little later there were sumptuous red surfaces swelling and expanding from bright nodes of energy that vibrated with a continuously changing, patterned life. At another time the closing of my eyes revealed a complex of gray structures, within which pale bluish spheres kept emerging into intense solidity and, once having emerged, would slide noiselessly upwards, out of sight. But at no time were there faces or forms of men or animals. I saw no landscapes, no enormous spaces, no magical growth and metamorphosis of buildings, nothing remotely like a drama or a parable. The other world to which mescalin admitted me was not the world of visions; it existed out there, in what I could see with my eyes open. The great change was in the realm of objective fact. What had happened to my subjective universe was relatively unimportant.

"IS IT DISAGREEABLE?"

I took my pill at eleven. An hour and a half later, I was sitting in my study, looking intently at a small glass vase. The vase contained only three flowers—a full-blown Belle of Portugal rose, shell pink with a hint at every petal's base of a hotter, flamier hue; a large magenta and cream-colored carnation; and, pale purple at the end of its broken stalk, the bold heraldic blossom of an iris. Fortuitous and provisional, the little nosegay broke all the rules of traditional good taste. At breakfast that morning I had been struck by the lively dissonance of its colors. But that was no longer the point. I was not looking now at an unusual flower arrangement. I was seeing what Adam had seen on the morning of his creation—the miracle, moment by moment, of naked existence.

"Is it agreeable?" somebody asked. (During this part of the experiment, all conversations were recorded on a dictating machine,

and it has been possible for me to refresh my memory of what was said.)

"Neither agreeable nor disagreeable," I answered. "It just *is*."

I continued to look at the flowers, and in their living light I seemed to detect the qualitative equivalent of breathing—but of a breathing without returns to a starting point, with no recurrent ebbs but only a repeated flow from beauty to heightened beauty, from deeper to ever deeper meaning. Words like "grace" and "transfiguration" came to my mind, and this, of course, was what, among other things, they stood for. My eyes traveled from the rose to the carnation, and from that feathery incandescence to the smooth scrolls of sentient amethyst which were the iris. The Beatific Vision, *Sat Chit Ananda,* Being-Awareness-Bliss—for the first time I understood, not on the verbal level, not by inchoate hints or at a distance, but precisely and completely what those prodigious syllables referred to. And then I remembered a passage I had read in one of Suzuki's essays. "What is the Dharma-Body of the Buddha?" ("The Dharma-Body of the Buddha" is another way of saying Mind, Suchness, the Void, the Godhead.) The question is asked in a Zen monastery by an earnest and bewildered novice. And with the prompt irrelevance of one of the Marx Brothers, the Master answers, "The hedge at the bottom of the garden." "And the man who realizes this truth," the novice dubiously inquires, "what, may I ask, is he?" Groucho gives him a whack over the shoulders with his staff and answers, "A golden-haired lion."

It had been, when I read it, only a vaguely pregnant piece of nonsense. Now it was all as clear as day, as evident as Euclid. Of course the Dharma-Body of the Buddha was the hedge at the bottom of the garden. At the same time, and no less obviously, it was these flowers, it was anything that I—or rather the blessed Not-I, released for a moment from my throttling embrace—cared to look at.

"What about spatial relationships?" the investigator inquired.

It was difficult to answer. True, the perspective looked rather odd, and the walls of the room no longer seemed to meet in right angles. But these were not the really important facts. The really important facts were that spatial relationships had ceased to matter very much and that my mind was perceiving the world in terms of other than spatial categories. At ordinary times the eye concerns itself with such problems as *Where?—How far?—How situated in relation to what?* In the mescalin experience the implied questions to which the eye responds are of another order.

Place and distance cease to be of much interest.

Not, of course, that the category of space had been abolished. When I got up and walked about, I could do so quite normally, and without misjudging the whereabouts of objects. Space was still there; but it had lost its predominance. The mind was primarily concerned, not with measures and locations, but with being and meaning.

And along with indifference to space there went an even more complete indifference to time.

"There seems to be plenty of it," was all I would answer, when the investigator asked me to say what I felt about time.

The investigator directed my attention to the furniture. A small typing table stood in the center of the room; beyond it, from my point of view, was a wicker chair and beyond that a desk. The three pieces formed an intricate pattern of horizontals, uprights and diagonals—a pattern all the more interesting for not being interpreted in terms of spatial relationships. Table, chair and desk came together in a composition that was like something by Braque or Juan Gris, a still life recognizably related to the objective world, but rendered without depth, without any attempt at photographic realism. I was looking at my furniture, not as the utilitarian who has to sit on chairs, to write at desks and tables, and not as the cameraman or scientific recorder, but as the pure aesthete whose concern is only with forms and their relationships within the field of vision or the picture space. But as I looked, this purely aesthetic, Cubist's-eye view gave place to what I can only describe as the sacramental vision of reality. I was back where I had been when I was looking at the flowers—back in a world where everything shone with the Inner Light, and was infinite in its significance. The legs, for example, of that chair—how miraculous their tubularity, how supernatural their polished smoothness! I spent several minutes—or was it several centuries?—not merely gazing at those bamboo legs, but actually *being* them—or rather being myself in them; or, to be still more accurate (for "I" was not involved in the case, nor in a certain sense were "they") being my Not-self in the Not-self which was the chair.

REFLECTING on my experience, I find myself agreeing with the eminent Cambridge philosopher, Dr. C. D. Broad, "that we should do well to consider much more seriously than we have hitherto been inclined to do the type of theory which Bergson put forward in connection with memory and sense perception. The suggestion is that the function of the

brain and nervous system and sense organs is in the main *eliminative* and not productive. Each person is at each moment capable of remembering all that has ever happened to him and of perceiving everything that is happening everywhere in the universe. The function of the brain and nervous system is to protect us from being overwhelmed and confused by this mass of largely useless and irrelevant knowledge, by shutting out most of what we should otherwise perceive or remember at any moment, and leaving only that very small and special selection which is likely to be practically useful." According to such a theory, each one of us is potentially Mind at Large. But in so far as we are animals, our business is at all costs to survive. To make biological survival possible, Mind at Large has to be funneled through the reducing valve of the brain and nervous system. What comes out at the other end is a measly trickle of the kind of consciousness which will help us to stay alive on the surface of this particular planet.

That which, in the language of religion, is called "this world" is the universe of reduced awareness, expressed, and, as it were, petrified by language. The various "other worlds," with which human beings erratically make contact are so many elements in the totality of the awareness belonging to Mind at Large. Most people, most of the time, know only what comes through the reducing valve and is consecrated as genuinely real by the local language. Certain persons, however, seem to be born with brain and nervous system and sense organs is in the main *eliminative* and not productive. Each person is at each moment capable of remembering all that has ever hapa kind of by-pass that circumvents the reducing valve. In others temporary by-passes may be acquired either spontaneously, or as the result of deliberate "spiritual exercises," or through hypnosis, or by means of drugs. Through these permanent or temporary by-passes there flows, not indeed the perception "of everything that is happening everywhere in the universe," but something more than, and above all something different from, the carefully selected utilitarian material which our narrowed, individual minds regard as a picture of reality.

THE brain is provided with a number of enzyme systems which serve to co-ordinate its workings. Some of these enzymes regulate the supply of glucose to the brain cells. Mescalin inhibits the production of these enzymes and thus lowers the amount of glucose available to an organ that is in constant need of sugar. When mescalin reduces the brain's normal ration

of sugar what happens? Too few cases have been observed, and therefore a comprehensive answer cannot yet be given. But what happens to most of those who have taken mescalin under supervision can be summarized as follows.

(1) The ability to remember and to "think straight" is little if at all reduced. (Listening to the recordings of my conversation under the influence of the drug, I cannot discover that I was then any stupider than I am at ordinary times.)

(2) Visual impressions are greatly intensified and the eye recovers some of the perceptual innocence of childhood, when the sensum was not immediately and automatically subordinated to the concept. Interest in space is diminished and interest in time falls almost to zero.

(3) Though the intellect remains unimpaired and though perception is enormously improved, the will suffers a profound change for the worse. The mescalin taker sees no reason for doing anything in particular and finds most of the causes for which, at ordinary times, he was prepared to act and suffer, profoundly uninteresting. He can't be bothered with them, for the good reason that he has better things to think about.

(4) These things may be experienced (as I experienced them) "out there," or "in here," or in both worlds, the inner and the outer, simultaneously or successively. That they *are* better seems to be self-evident to all mescalin takers who come to the drug with a sound liver and an untroubled mind.

The Effects of Mescalin

These effects of mescalin are the sort of effects you could expect to follow the administration of a drug having the power to impair the efficiency of the cerebral reducing valve. When the brain runs out of sugar, the undernourished ego grows weak, can't be bothered to undertake the necessary chores, and loses all interest in those spatial and temporal relationships which mean so much to an organism bent on getting on in the world. As Mind at Large seeps past the no longer watertight valve, all kinds of biologically useless things start to happen. In some cases there may be extra-sensory perceptions. Other persons discover a world of visionary beauty. To others again is revealed the glory, the infinite value and meaningfulness of naked existence, of the given, unconceptualized event. In the final stage of egolessness there is an "obscure knowledge" that All is in all—that All is actually each. That is as near, I take it, as a finite mind can ever come to "perceiving everything that is happening everywhere in the universe."

MESCALIN raises all colors to a higher power and makes the percipient aware of innumerable fine shades of difference, to which, at ordinary times, he is completely blind.

Like mescalin takers, many mystics perceive supernaturally brilliant colors, not only with the inward eye, but even in the objective world around them. Similar reports are made by psychics and sensitives. There are certain mediums to whom the mescalin taker's brief revelation is a matter, during long periods, of daily and hourly experience.

From this long but indispensable excursion into the realm of theory, we may now return to the miraculous facts—four bamboo chair legs in the middle of a room. Like Wordsworth's daffodils, they brought all manner of wealth—the gift, beyond price, of a new direct insight into the very Nature of Things, together with a more modest treasure of human understanding in the field, especially, of the arts.

A rose is a rose is a rose. But these chair legs were chair legs were St. Michael and all angels. Four or five hours after the event, when the effects of a cerebral sugar shortage were wearing off, I was taken for a little tour of the city, which included a visit, towards sundown, to what is modestly claimed to be the World's Biggest Drug Store. At the back of the W.B.D.S., among the toys, the greeting cards and the comics, stood a row, surprisingly enough, of art books. I picked up the first volume that came to hand. It was on Van Gogh, and the picture at which the book opened was "The Chair"—that astounding portrait of a *Ding an Sich,* which the mad painter saw, with a kind of adoring terror, and tried to render on his canvas. But it was a task to which the power even of genius proved wholly inadequate. The chair Van Gogh had seen was obviously the same in essence as the chair I had seen. But, though incomparably more real than the chairs of ordinary perception, the chair in his picture remained no more than an unusually expressive symbol of the fact. The fact had been manifested Suchness; this was only an emblem. Such emblems are sources of true knowledge about the Nature of Things, and this true knowledge may serve to prepare the mind which accepts it for immediate insights on its own account. But that is all. However expressive, symbols can never be the things they stand for.

I returned the Van Gogh to its rack and picked up the volume standing next to it. It was a book on Botticelli. I turned the pages.

The marvelously rich and intricate "Calumny of Apelles." And then a somewhat less familiar and

not very good picture, "Judith." My attention was arrested and I gazed in fascination, not at the pale neurotic heroine or her attendant, not at the victim's hairy head or the vernal landscape in the background, but at the purplish silk of Judith's pleated bodice and long wind-blown skirts.

This was something I had seen before—seen that very morning, between the flowers and the furniture, when I looked down by chance, and went on passionately staring by choice, at my own crossed legs. Those folds in the trousers—what a labyrinth of endlessly significant complexity! And the texture of the gray flannel—how rich, how deeply, mysteriously sumptuous! And here they were again, in Botticelli's picture.

"THIS IS HOW ONE OUGHT TO SEE!"

WHAT the rest of us see only under the influence of mescalin, the artist is congenitally equipped to see all the time. His perception is not limited to what is biologically or socially useful. A little of the knowledge belonging to Mind at Large oozes past the reducing valve of brain and ego, into his consciousness. It is a knowledge of the intrinsic significance of every existent. For the artist as for the mescalin taker draperies are living hieroglyphs that stand in some peculiarly expressive way for the unfathomable mystery of pure being. More even than the chair, though less perhaps than those wholly supernatural flowers, the folds of my gray flannel trousers were charged with "is-ness."

Poring over Judith's skirts, there in the World's Biggest Drug Store, I knew that Botticelli—and not Botticelli alone, but many others too—had looked at draperies with the same transfigured and transfiguring eyes as had been mine that morning.

"This is how one ought to see," I kept saying as I looked down at my trousers, or glanced at the jeweled books in the shelves, at the legs of my infinitely more than Van-Goghian chair. "This is how one ought to see, how things really are." And yet there were reservations. For if one always saw like this, one would never want to do anything else. Just looking, just being the divine Not-self of flower, of book, of chair, of flannel. That would be enough. But in that case what about other people? What about human relations? In the recording of that morning's conversations I find the question

constantly repeated, "What about human relations?" How could one reconcile this timeless bliss of seeing as one ought to see with the temporal duties of doing what one ought to do and feeling as one ought to feel? "One ought to be able," I said, "to see these trousers as infinitely important and human beings as still more infinitely important."

One ought—but in practice it seemed to be impossible. This participation in the manifest glory of things left no room, so to speak, for the ordinary, the necessary concerns of human existence, above all for concerns involving persons. For persons are selves and, in one respect at least, I was now a Not-self, simultaneously perceiving and being the Not-self of the things around me. To this new born Not-self, the behavior, the appearance, the very thought of the self it had momentarily ceased to be, and of other selves, its one-time fellows, seemed not indeed distasteful (for distastefulness was not one of the categories in terms of which I was thinking), but enormously irrelevant.

Compelled by the investigator to analyze and report on what I was doing (and how I longed to be left alone with Eternity in a flower, Infinity in four chair legs and the Absolute in the folds of a pair of flannel trousers!), I realized that I was deliberately avoiding the eyes of those who were with me in the room, delibrately refraining from being too much aware of them. One was my wife, the other a man I respected and greatly liked; but both belonged to the world from which, for the moment, mescalin had delivered me—the world of moral judgments and utilitarian considerations, the world (and it was this aspect of human life which I wished, above all else, to forget) of self-assertion, of overvalued words and idolatrously worshiped notions.

HOW was this cleansed perception to be reconciled with a proper concern with human relations, with the necessary chores and duties, to say nothing of charity and practical compassion? The age-old debate between the actives and the contemplatives was being renewed—renewed, so far as I was concerned, with an unprecedented poignancy. For until this morning I had known contemplation only in its humbler, its more ordinary forms—as discursive thinking; as a rapt absorption in poetry or painting or music; as a patient waiting upon those inspirations, without which even the prosiest writer cannot hope to accomplish anything; as occasional glimpses, in Nature, of Wordsworth's "something far more deeply interfused"; as systematic silence leading, sometimes, to hints of an "obscure knowledge."

But now I knew contemplation at its height. At its height, but not yet in its fullness. For in its fullness the way of Mary includes the way of Martha and raises it, so to speak, to its own higher power. Mescalin opens up the way of Mary, but shuts the door on that of Martha. It gives access to contemplation—but to a contemplation that is incompatible with action and even with the will to action, the very thought of action.

Mescalin can never solve that problem; it can only pose it, apocalyptically, for those to whom it had never before presented itself. The full and final solution can be found only by those who are prepared to implement the right kind of *Weltanschauung* by means of the right kind of behavior and the right kind of constant and unstrained alertness. Over against the quietist stands the active-contemplative, the saint, the man who, in Eckhart's phrase, is ready to come down from the seventh heaven in order to bring a cup of water to his sick brother. Over against the *arhat,* retreating from appearances into an entirely transcendental Nirvana, stands the Bodhisattva, for whom Suchness and the world of contingencies are one, and for whose boundless compassion every one of those contingencies is an occasion not only for transfiguring insight, but also for the most practical charity.

MEANWHILE I had turned, at the investigator's request, to what was going on, inside my head, when I shut my eyes. This time, the inscape was curiously unrewarding. The field of vision was filled with brightly colored, constantly changing structures that seemed to be made of plastic or enameled tin.

"Cheap," I commented. "Trivial. Like things in a five-and-ten." And all this shoddiness existed in a closed, cramped universe. "It's as though one were below decks in a ship," I said. "A five-and-ten-cent ship."

And as I looked, it became very clear that this five-and-ten-cent ship was in some way connected with human pretensions.

This suffocating interior of a dime-store ship was my own personal self; these gimcrack mobiles of tin and plastic were my personal contributions to the universe.

I felt the lesson to be salutary, but was sorry, none the less, that it had had to be administered at this moment and in this form. As a rule the mescalin taker discovers an inner world as manifestly a datum, as self-evidently "infinite and holy," as that transfigured outer world which I had seen with my eyes open. From the first, my own case had been different. Mescalin had endowed me temporarily with the power to see things with my eyes shut; but it could not, or

at least on this occasion did not, reveal an inscape remotely comparable to my flowers or chair or flannels "out there." What it had allowed me to perceive inside was not the Dharma-Body, in images, but my own mind; not Suchness, but a set of symbols—in other words, a homemade substitute for Suchness.

AND now someone produced a phonograph and put a record on the turntable. I listened with pleasure, but experienced nothing comparable to my seen apocalypses of flowers or flannel. Would a naturally gifted musician *hear* the revelations which, for me, had been exclusively visual? It would be interesting to make the experiment. Meanwhile, though not transfigured, though retaining its normal quality and intensity, the music contributed not a little to my understanding of what had happened to me and of the wider possibilities and problems which those happenings had raised.

Instrumental music, oddly enough, left me rather cold. Mozart's C-Minor Piano Concerto was interrupted after the first movement, and a recording of some madrigals by Gesualdo took its place.

"These voices," I said appreciatively, "these voices—they're a kind of bridge back to the human world."

And a bridge they remained even while singing the most startlingly chromatic of the mad prince's compositions. Through the uneven phrases of the madrigals, the music pursued its course, never sticking to the same key for two bars together.

"And yet," I felt myself constrained to say, as I listened to these strange products of a Counter-Reformation psychosis working upon a late medieval art form, "and yet it does not matter that he's all in bits. The whole is disorganized. But each individual fragment is in order, is a representative of a Higher Order. The Highest Order prevails even in the disintegration. The totality is present even in the broken pieces. More clearly present, perhaps, than in a completely coherent work. At least you aren't lulled into a sense of false security by some merely human, merely fabricated order. You have to rely on your immediate perception of the ultimate order. So in a certain sense disintegration may have its advantages. But of course it's dangerous, horribly dangerous. Suppose you couldn't get back, out of the chaos. . . ."

The investigator suggested a walk in the garden. I was willing; and though my body seemed to have dissociated itself almost completely from my mind—or, to be more accurate, though my aware-

ness of the transfigured outer world was no longer accompanied by an awareness of my physical organism—I found myself able to get up, open the French window and walk out with only a minimum of hesitation. It was odd, of course, to feel that "I" was not the same as these arms and legs "out there," as this wholly objective trunk and neck and even head. It was odd; but one soon got used to it. And anyhow the body seemed perfectly well able to look after itself.

A CHAIR LIKE THE LAST JUDGMENT

FROM the French window I walked out under a kind of pergola covered in part by a climbing rose tree, in part by laths, one inch wide with half an inch of space between them. The sun was shining and the shadows of the laths made a zebra-like pattern on the ground and across the seat and back of a garden chair, which was standing at this end of the pergola. That chair—shall I ever forget it? Where the shadows fell on the canvas upholstery, stripes of a deep but glowing indigo alternated with stripes of an incandescence so intensely bright that it was hard to believe that they could be made of anything but blue fire. For what seemed an immensely long time I gazed without knowing, even without wishing to know, what it was that confronted me. At any other time I would have seen a chair barred with alternate light and shade. Today the percept had swallowed up the concept. I was so completely absorbed in looking, so thunderstruck by what I actually saw, that I could not be aware of anything else. Garden furniture, laths, sunlight, shadow—these were no more than names and notions, mere verbalizations, for utilitarian or scientific purposes, after the event.

The event was this succession of azure furnace doors separated by gulfs of unfathomable gentian. It was inexpressibly wonderful, wonderful to the point, almost, of being terrifying. And suddenly I had an inkling of what it must feel like to be mad. Schizophrenia has its heavens as well as its hells.

Confronted by a chair which looked like the Last Judgment—or, to be more accurate, by a Last Judgment which, after a long time and with considerable difficulty, I recognized as a chair—I found myself all at once on the brink of panic. This, I suddenly felt, was going too far. Too far, even though the going was into intenser beauty, deeper significance.

The fear, as I analyze it in retrospect, was of being overwhelmed, of disintegrating under a pressure of reality greater than a mind, accustomed to living most of the time in a cosy world of symbols, could possibly bear. The literature of religious experience abounds in references to the pains and terrors overwhelming those who have come, too suddenly, face to face with some manifestation of the *Mysterium tremendum.* In theological language, this fear is due to the incompatibility between man's egotism and the divine purity, between man's self-aggravated separateness and the infinity of God.

FOLLOWING Boehme and William Law, we may say that, by unregenerate souls, the divine Light at its full blaze can be apprehended only as a burning, purgatorial fire. An almost identical doctrine is to be found in *The Tibetan Book of the Dead,* where the departed soul is described as shrinking in agony from the Pure Light of the Void, and even from the lesser, tempered Lights, in order to rush headlong into the comforting darkness of selfhood as a reborn human being, or even as a beast, an unhappy ghost, a denizen of hell. Anything rather than the burning brightness of unmitigated Reality—anything!

The schizophrenic is a soul not merely unregenerate, but desperately sick into the bargain. His sickness consists in the inability to take refuge from inner and outer reality (as the sane person habitually does) in the homemade universe of common sense — the strictly human world of useful notions, shared symbols and socially acceptable conventions. The schizophrenic is like a man permanently under the influence of mescalin, and therefore unable to shut off the experience of a reality which he is not holy enough to live with, which he cannot explain away because it is the most stubborn of primary facts, and which, because it never permits him to look at the world with merely human eyes, scares him into interpreting its unremitting strangeness, its burning intensity of significance, as the manifestations of human or even cosmic malevolence, calling for the most desperate countermeasures, from murderous violence at one end of the scale to catatonia, or psychological suicide, at the other. And once embarked upon the downward, the infernal road, one would never be able to stop. That, now, was only too obvious.

"It you started in the wrong way," I said in answer to the investigator's questions, "everything that happened would be a proof of the conspiracy against you. It would all be self-validating. You couldn't draw a breath without knowing it was part of the plot."

"So you think you know where madness lies?"

My answer was a convinced and heartfelt, "Yes."

"And you couldn't control it?"

"No, I couldn't control it. If one began with fear and hate as the major premise, one would have to go on to the conclusion."

"Would you be able," my wife asked, "to fix your attention on what *The Tibetan Book of the Dead* calls the Clear Light?"

I was doubtful.

"Would it keep the evil away, if you could hold it? Or would you not be able to hold it?"

I considered the question for some time. "Perhaps," I answered at last, "perhaps I could—but only if there were somebody there to tell me about the Clear Light. One couldn't do it by oneself. That's the point, I suppose, of the Tibetan ritual—someone sitting there all the time and telling you what's what."

WHAT those Buddhist monks did for the dying and the dead, might not the modern psychiatrist do for the insane? Let there be a voice to assure them, by day and even while they are asleep, that in spite of all the terror, all the bewilderment and confusion, the ultimate Reality remains unshakably itself and is of the same substance as the inner light of the cruelly tormented mind.

By means of such devices as recorders, clock-controlled switches, public address systems and pillow speakers it should be very easy to keep the inmates of even an understaffed institution constantly reminded of this primordial fact. Perhaps a few of the lost souls might in this way be helped to win some measure of control over the universe—at once beautiful and appalling, but always other than human, always totally incomprehensible—in which they find themselves condemned to live.

None too soon, I was steered away from the disquieting splendors of my garden chair. We walked out into the street. A large pale blue automobile was standing at the curb. At the sight of it, I was suddenly overcome by enormous merriment. What complacency, what an absurd self-satisfaction beamed from those bulging surfaces of glossiest enamel! Man had created the thing in his own image—or rather in the image of his favorite character in fiction. I laughed till the tears ran down my checks.

We re-entered the house. A meal had been prepared. Somebody, who was not yet identical with myself, fell to with ravenous appetite. From a considerable distance and without much interest, I looked on. When the meal had been eaten, we got into the car and went for a drive. The effects

of the mescalin were already on the decline: but the flowers in the gardens still trembled on the brink of being supernatural, the pepper trees and carobs along the side streets still manifestly belonged to some sacred grove.

In a few minutes we had climbed to a vantage point in the hills, and there was the city spread out beneath us. Rather disappointingly, it looked very like the city I had seen on other occasions. So far as I was concerned, transfiguration was proportional to distance. The nearer, the more divinely other. This vast, dim panorama was hardly different from itself.

The magic began to work again only when we turned down into a new suburb and were gliding between two rows of houses. Here, in spite of the peculiar hideousness of the architecture, there were renewals of transcendental otherness, hints of the morning's heaven. Brick chimneys and green composition roofs glowed in the sunshine, like fragments of the New Jerusalem.

And all at once I saw what Guardi had seen and (with what incomparable skill) had so often rendered in his paintings—a stucco wall with a shadow slanting across it, blank but unforgettably beautiful, empty but charged with all the meaning and the mystery of existence. The revelation dawned and was gone again within a fraction of a second. The car had moved on; time was uncovering another manifestation of the eternal Suchness. "Within sameness there is difference. But that difference should be different from sameness is in no wise the intention of all the Buddhas. Their intention is both totality and differentiation." This bank of red and white geraniums, for example—it was entirely different from that stucco wall a hundred yards up the road. But the "is-ness" of both was the same, the eternal quality of their transience was the same.

An hour later, with ten more miles and the visit to the World's Biggest Drug Store safely behind us, we were back at home, and I had returned to that reassuring but profoundly unsatisfactory state known as "being in one's right mind."

THAT humanity at large will ever be able to dispense with Artificial Paradises seems very unlikely. Most men and women lead lives at the worst so painful, at the best so monotonous, poor and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and has always been one of the principal appetites of the soul. Art and religion, carnivals and saturnalia, dancing and listening to oratory—all these have served, in H. G. Wells's phrase, as Doors in

the Wall. And for private, for everyday use there have always been chemical intoxicants.

Modern science has added its quota of synthetics—chloral, for example, and benzedrine, the bromides and the barbiturates.

Most of these modifiers of consciousness cannot now be taken except under doctor's orders, or else illegally and at considerable risk. For unrestricted use the West has permitted only alcohol and tobacco.

We now spend a good deal more on drink and smoke than we spend on education.

In spite of the growing army of hopeless alcoholics, in spite of the hundreds of thousands of persons annually maimed or killed by drunken drivers, popular comedians still crack jokes about alcohol and its addicts. And in spite of the evidences linking cigarettes with lung cancer, practically everybody regards tobacco smoking as being hardly less normal and natural than eating. From the point of view of the rationalist utilitarian this may seem odd. For the historian, it is exactly what you would expect. A firm conviction of the material reality of Hell never prevented medieval Christians from doing what their ambition, lust or covetousness suggested. Lung cancer, traffic accidents and the millions of miserable and misery-creating alcoholics are facts even more certain than was, in Dante's day, the fact of the Inferno. But all such facts are remote and unsubstantial compared with the near, felt fact of a craving, here and now, for release or sedation, for a drink or a smoke.

The problems raised by alcohol and tobacco cannot, it goes without saying, be solved by prohibition. The universal and ever-present urge to self-transcendence is not to be abolished by slamming the currently popular Doors in the Wall. The only reasonable policy is to open other, better doors in the hope of inducing men and women to exchange their old bad habits for new and less harmful ones. Some of these other, better doors will be social and technological in nature, others religious or psychological, others dietetic, educational, athletic.

But the need for frequent chemical vacations from intolerable selfhood and repulsive surroundings will undoubtedly remain. What is needed is a new drug which will relieve and console our suffering species without doing more harm in the long run than it does good in the short. Such a drug must be potent in minute doses and synthesizable. If it does not possess these qualities, its production, like that of wine, beer, spirits and tobacco will interfere with the raising of indispensable food and fibers. It must be less toxic than opium

or cocaine, less likely to produce undesirable social consequences than alcohol or the barbiturates, less inimical to heart and lungs than the tars and nicotine of cigarettes. And, on the positive side, it should produce changes in consciousness more interesting, more intrinsically valuable than mere sedation or dreaminess, delusions of omnipotence or release from inhibition.

To most people, mescalin is almost completely innocuous. Unlike alcohol, it does not drive the taker into the kind of uninhibited action which results in brawls, crimes of violence and traffic accidents. A man under the influence of mescalin quietly minds his own business. Moreover, the business he minds is an experience of the most enlightening kind, which does not have to be paid for (and this is surely important) by a compensatory hangover.

Of the long-range consequences of regular mescalin taking we know very little. The Indians who consume peyote buttons do not seem to be physically or morally degraded by the habit. However, the available evidence is still scarce and sketchy.

Although obviously superior to cocaine, opium, alcohol and tobacco, mescalin is not yet the ideal drug. Along with the happily transfigured majority of mescalin takers there is a minority that finds in the drug only hell or purgatory. Moreover, for a drug that is to be used, like alcohol, for general consumption, its effect last for an inconveniently long time. But chemistry and physiology are capable nowadays of practically anything. If the psychologists and sociologists will define the ideal, the neurologists and pharmacologists can be relied upon to discover the means whereby that ideal can be realized or at least (for perhaps this kind of ideal can never, in the very nature of things, be fully realized) more nearly approached than in the wine-bibbing past, the whisky-drinking, marijuana-smoking and barbiturate-swallowing present.

BUT PIETY IS NOT ENOUGH

IDEALLY, everyone should be able to find self-transcendence in some form of pure or applied religion. In practice it seems very unlikely that this hoped for consummation will ever be realized. There are, and doubtless there always will be, good churchmen and good churchwomen for whom, unfortunately, piety is not enough. The

late G. K. Chesterton, who wrote at least as lyrically of drink as of devotion, may serve as their eloquent spokesman.

The modern churches, with some exceptions among the Protestant demnominations, tolerate alcohol; but even the most tolerant have made no attempt to convert the drug to Christianity, or to sacramentalize its use.

The rites of Christianity are incompatible with even religious drunkenness. This does no harm to the distillers, but is very bad for Christianity.

We see, then, that Christianity and alcohol do not and cannot mix. Christianity and mescalin seem to be much more compatible. This has been demonstrated by many tribes of Indians, from Texas to as far north as Wisconsin. Among these tribes are to be found groups affiliated with the Native American Church, a sect whose principal rite is a kind of Early Christian agape, or love feast, where slices of peyote take the place of the sacramental bread and wine.

Professor J. S. Slotkin, one of the very few white men ever to have participated in the rites of a Peyotist congregation, says of his fellow worshipers that they are "certainly not stupefied or drunk. . . . They never get out of rhythm or fumble their words, as a drunken or stupefied man would do. . . . They are all quiet, courteous and considerate of one another. I have never been in any white man's house of worship where there is either so much religious feeling or decorum." And what, we may ask, are these devout and well-behaved Peyotists experiencing? Not the mild sense of virtue which sustains the average Sunday churchgoer through ninety minutes of boredom. Not even those high feelings, inspired by thoughts of the Creator and the Redeemer, the Judge and the Comforter, which animate the pious.

For these Native Americans, religious experience is something more direct and illuminating, more spontaneous, less the homemade product of the superficial, self-conscious mind. Sometimes (according to the reports collected by Dr. Slotkin) they see visions, which may be of Christ Himself. Sometimes they hear the voice of the Great Spirit. Sometimes they become aware of the presence of God and of those personal shortcomings which must be corrected if they are to do His will. The practical consequences of these chemical openings of doors into the Other World seem to be wholly good. Dr. Slotkin reports that habitual Peyotists are on the whole more industrious, more temperate, more peaceable than non-Peyotists. A tree with such satisfactory fruits cannot be condemned out of hand as evil.

I am not so foolish as to equate what happens under the influence of mescalin or of any other drug, prepared or in the future preparable, with the realization of the end and ultimate purpose of human life: Enlightenment, the Beatific Vision. All I am suggesting is that the mescalin experience is what Catholic theologians call "a gratuitous grace," not necessary to salvation but potentially helpful and to be accepted thankfully, if made available. To be shaken out of the ruts of ordinary perception, to be shown for a few timeless hours the outer and the inner world, not as they appear to an animal obsessed with survival or to a human being obsessed with words and notions, but as they are apprehended, directly and unconditionally, by Mind at Large—this is an experience of inestimable value to everyone and especially to the intellectual.

We can never dispense with language and the other symbol systems; for it is by means of them, and only by their means, that we have raised ourselves above the brutes, to the level of human beings. But we can easily become the victims as well as the beneficiaries of these systems. We must learn how to handle words effectively; but at the same time we must preserve and, if necessary, intensify our ability to look at the world directly and not through that half opaque medium of concepts, which distorts every given fact into the all too familiar likeness of some generic label or explanatory abstraction.

LITERARY or scientific, liberal or specialist, all our education is predominantly verbal and therefore fails to accomplish what it is supposed to do. Instead of transforming children into fully developed adults, it turns out students of the natural sciences who are completely unaware of Nature as the primary fact of experience, it inflicts upon the world students of the humanities who know nothing of humanity, their own or anyone else's.

Gestalt psychologists, such as Samuel Renshaw, have devised methods for widening the range and increasing the acuity of human perceptions. But do our educators apply them? The answer is, No.

Teachers in every field of psycho-physical skill, from seeing to tennis, from tightrope walking to prayer, have discovered, by trial and error, the conditions of optimum functioning within their special fields. But have any of the great Foundations financed a project for co-ordinating these empirical findings into a general theory and practice of heightened creativeness? Again, so far as I am aware, the answer is, No.

All sorts of cultists and queer

fish teach all kinds of techniques for achieving health, contentment, peace of mind; and for many of their hearers many of these techniques are demonstrably effective. But do we see respectable psychologists, philosophers and clergymen boldly descending into those odd and sometimes malodorous wells, at the bottom of which poor Truth is so often condemned to sit? Yet once more the answer is, No.

And now look at the history of mescalin research. Seventy years ago men of first-rate ability described the transcendental experiences which come to those who, in good health, under proper conditions and in the right spirit, take the drug. How many philosophers, how many theologians, how many professional educators have had the curiosity to open this Door in the Wall? The answer, for all practical purposes, is, None.

In a world where education is predominantly verbal, highly educated people find it all but impossible to pay serious attention to anything but words and notions.

When it comes to finding out how you and I, our children and grandchildren, may become more perceptive, more intensely aware of inward and outward reality, more open to the Spirit, less apt, by psychological malpractices, to make ourselves physically ill, and more capable of controlling our own autonomic nervous system—when it comes to any form of non-verbal education more fundamental (and more likely to be of some practical use) than Swedish drill, no really respectable person in any really respectable university or church will do anything about it.

"I have always found," Blake wrote rather bitterly, "that Angels have the vanity to speak of themselves as the only wise. This they do with a confident insolence sprouting from systematic reasoning."

SYSTEMATIC reasoning is something we could not, as a species or as individuals, possibly do without. But neither, if we are to remain sane, can we possibly do without direct perception, the more unsystematic the better, of the inner and outer words into which we have been born. This given reality is an infinite which passes all understanding and yet admits of being directly and in some sort totally apprehended. It is a transcendence belonging to another order than the human, and yet it may be present to us as a felt immanence, an experienced participation. To be enlightened is to be aware, always, of total reality in its immanent otherness—to be aware of it and yet to remain in a condition to survive as an animal, to think and feel as a human being, to resort whenever expedient to systematic reasoning.

Our goal is to discover that we have always been where we ought to be. Unhappily we make the task exceedingly difficult for ourselves. Meanwhile, however, there are gratuitous graces in the form of partial and fleeting realizations. Under a more realistic, a less exclusively verbal system of education than ours, every Angel (in Blake's sense of that word) would be permitted as a sabbatical treat, would be urged and even, if necessary, compelled to take an occasional trip through some chemical Door in the Wall into the world of transcendental experience. If it terrified him, it would be unfortunate but probably salutary. If it brought him a brief but timeless illumination, so much the better. In either case the Angel might lose a little of the confident insolence sprouting from systematic reasoning and the consciousness of having read all the books.

Near the end of his life Aquinas experienced Infused Contemplation. Thereafter he refused to go back to work on his unfinished book. Compared with *this,* everything he had read and argued about and written—Aristotle and the Sentences, the Questions, the Propositions, the majestic Summas—was no better than chaff or straw. For most intellectuals such a sit-down strike would be inadvisable, even morally wrong. But the Angelic Doctor had done more systematic reasoning than any twelve ordinary Angels, and was already ripe for death. He had earned the right, in those last months of his mortality, to turn away from merely symbolic straw and chaff to the bread of substantial Fact.

For Angels of a lower order and with better prospects of longevity, there must be a return to the straw. But the man who comes back through the Door in the Wall will never be quite the same as the man who went out. He will be wiser but less cocksure, happier but less self-satisfied, humbler in acknowledging his ignorance yet better equipped to understand the relationship of words to things, of systematic reasoning to the unfathomable Mystery which it tries, forever vainly, to comprehend.

New Dimensions of Deep Analysis

A STUDY OF TELEPATHY IN INTERPERSONAL RELATIONSHIPS

BY

JAN EHRENWALD

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OUT of his long experience as a practicing psychotherapist, Dr. Jan Ehrenwald has written New Dimensions of Deep Analysis: A Study of Telepathy in Interpersonal Relationships. *This is Dr. Ehrenwald's contribution to a great project—which he defines as an effort "to remove one of the major blind spots in the mind of Western man and help to bring under his control what was once relegated to the realm of the occult." The following condensation of this book presents the theory and practice of Dr. Ehrenwald's work.*

DR. GARDNER MURPHY has stated in The Journal of Parapsychology *that "Dr. Ehrenwald's book is charmingly written . . . a very vivid and readable document . . . keeping the reader in touch with the patients whose lives are described, and at the same time holding up before our eyes the almost dazzling conception of a new world which will come as deeper insights in human nature are gleaned." Dr. William Gillespie wrote in the* International Journal of Psychoanalysis, *"Dr. Ehrenwald has earned our gratitude for the courage and initiative he has shown. . . . One of the most valuable of his contributions is to be found in his effort to specify more clearly what are the kind of clinical data that psychotherapists should regard . . . as "unequivocal" psi-phenomenon? The* Lancet, *one of England's leading medical journals, stated that "Dr. Ehrenwald pursues his theme with much subtlety, and argues ingeniously that telepathic phenomena occur in such close relation to a phase of strong attachment to the psychoanalyst that they can be used to further the therapeutic process."*

INTRODUCTORY NOTES

IF the title chosen for this book suggests yet another presentation of psychoanalytic theory and practice—orthodox or unorthodox—the reader is likely to be disappointed. The present approach is not intended to once more go over familiar territory and to elaborate on basic discoveries which were revolutionary nearly half a century ago. These discoveries have by now become common ground to contemporary psychiatry, and there is no new contribution to this field conceivable unless it builds on foundations laid by Freud and his school.

But this study is not concerned with putting a new coat of paint on the structure erected by psychoanalysis, nor with redecorating its interior in the taste of one or another of the dissenting schools. It is concerned with the description and psychodynamic evaluation of a new group of observations for which no provisions have been made in the main building of modern dynamic psychiatry and which urgently call for proper accommodation—if need be in a new wing or even in a new dimension of scientific thinking. They are usually described as psi phenomena or psi functions.

It will be seen in the pages that follow that psi functions play an important part in man's mental organization. They are closely related to unconscious or preconscious portions of the ego and superego and to what Freud has described as the *id,* and even though their existence is not usually accessible to conscious self-observation or, for that matter, to observation by ordinary clinical methods, they may have a significant effect upon interpersonal relationships in both health and disease.

THE implications of *psi* as a new aspect of the human mind are so far-reaching that they call for a revision and restatement of a number of current assumptions and theoretical presuppositions regarding personality structure, mind-body relationship, cerebral localization, and the nature of our perceptual world in general. Failing such an attempt, telepathy and related occurrences would have to remain nothing but incomprehensible and freakish accidents on the "lunatic fringe" of our experience, outside a rational scientific scheme of thinking.

What, then, are the facts as they can be ascertained on apply-

ing the method of modern dynamic psychiatry to our issue?

How can they be reconciled with our established body of experience regarding the working of the human mind?

In what way, if any, can the newly-found insight be utilized for a better understanding of the dynamics of psychoanalytic treatment and of interpersonal relationships in general?

These are some of the principal questions which will be discussed in the pages that follow. Their discussion will be largely based on observations made in the psychoanalytic situation. The author cannot claim more than the validity of simple clinical data in their behalf. They have no more (but also no less) objective validity than a patient's verbal account of a dream, a hallucination or an anxiety attack. Nevertheless, few will deny the justification of the psychiatrist's attempt at systematic investigation of such clinical data. The same right for an objective hearing is claimed for the observations described here.

It is true that many doubts have been raised as to the very possibility of psi phenomena. They are stated to be in flagrant contradiction to the established laws of nature. Their occurrence is said to be "intrinsically improbable." But that does not seem to preclude their actual occurrence. It is also true that their investigation under spontaneous conditions is beset with many difficulties, greater even than those encountered in laboratory tests concerned with extrasensory perception or ESP.

But, given an unbiased and flexible approach—one that does not try to prescribe the exact way in which the incidents observed are supposed to behave and that makes due allowance for the peculiar psychological constellation in which they are apt to occur—the ground seems to be cleared for their closer investigation. Indeed, the time may not be far away when it will be possible to predict their occurrence with the same degree of probability with which an experienced psychiatrist can predict the emergence of a particular type of dream, the reactivation of a delusional trend or of an anxiety symptom in his patients.

MORE will have to be said about the peculiar psychological constellation favorable to the emergence of psi phenomena. But three factors should be stressed from the outset. First, telepathy is more likely to occur in an atmosphere of social approval than in an atmosphere of doubt and disapprobation. Secondly, it is promoted by the existence of a more or less pronounced personal bond or rapport between

ose involved and, thirdly, by a ightened emotional tone or tem- rature prevailing in the total uation.

Critics have taken objection to is state of affairs. They have lled for the demonstration of ontaneous occurrences under con- tions which would be bound to feat their spontaneity. They want em to materialize at the beck and ll of a skeptical experimenter, med with film camera and tape corder, ready to observe but re- sing to participate in terms of hat H. S. Sullivan has called articipant observation."

Yet their most vehement objec- n is leveled against the fact that rtain emotionally-colored moti- tions on the part of those in- lved seem to be an indispensable prerequisite of the incidents. It is as though a chemist were called upon to demonstrate a chemical reaction but were forbidden the use of a Bunsen burner because the flame might blacken his test tube.

There is no denying that conditions of observation meeting with those requirements are difficult to establish. The observer's participation may easily exceed the limits within which objective observation is feasible. Again, in the absence of his actual involvement and participation, nothing may be left for him to observe. But the case history which will presently be described will go far to show that, under favorable circumstances, a happy combination of the two seemingly conflicting attitudes can be achieved.

PSYCHOLOGY vs. STATISTICS

WHAT method other than that of statistical evaluation can, en, be applied in order to ascer- in the extrasensory nature of such dividual incidents?

In the present connection we e chiefly concerned with the oblem of telepathy. As a general le telepathy is assumed to be sponsible for such similarity or rrespondence of two simultane- s mental events which cannot be counted for by chance, sensory kage, or past common experiences of those involved. But what are the *criteria* of the similarity or correspondence of the two sets of "simultaneous" mental events upon which the assumption of their telepathic nature is based?

The early workers in psychical research, chiefly concerned as they were with the accumulation of facts, failed to give a satisfactory answer to this question. They laid down certain general rules which had to be observed in collecting the material. They agreed on cer-

tain postulates, failing which they dismissed the evidential value of a given case. But their rules were of a largely empirical nature derived from an essentially phenomenological approach and their evaluation based on intuition or common sense judgments which, as Dr. Rhine has pointed out, are bound to vary with the common sense—or bias—of those making judgments. This was precisely the reason why Dr. Rhine decided to restrict the use of spontaneous material as a source of scientific proof and to replace it with the study of quantifiable data and their statistical assessment.

Yet there are a number of criteria upon which research dealing with spontaneous material of a non-quantifiable nature can be based. These criteria can be summarized as follows: First, the elements or motifs which we assume are reproduced in a telepathic way must be identifiable as distinct elements within the context reviewed. Failing this, the claim of their supposed telepathic correspondence cannot be substantiated and indeed no further argument is possible.

Secondly, the element or motif thus defined must be of such a unique kind that its simultaneous appearance in the two presumably corresponding sets of mental events cannot reasonably be ascribed to chance. If I dream on a particular night that my schoolmate John Smith (and not just any John Smith known by that name) has met with a fatal accident on an icy road and if it can later be ascertained that this particular event has actually taken place in the described circumstances on the same night, and if I never had a similar dream before, the chance objection can reasonably be ruled out. We can then base our telepathic interpretation of the dream on the criterion of the *uniqueness* of the telepathic element concerned.

IT is true that only extremely rare observations are likely to be found in practice which meet this criterion of uniqueness. More often than not the motif in question may at best show such a multiplicity of distinctive features as to leave little doubt as to its specificity in the two corresponding sets of mental events. In such a case their identification will be based on a process of "matching" similar to that used by the police for the apprehension of a person wanted for crime. If the picture of the person wanted shows sufficient resemblance with the person caught, they are satisfied with his identity. This is not a method foolproof in the mathematical sense, but good enough as a practical procedure. It can, moreover, be supplemented by matching the fingerprints of the suspect—a device which is not, unfortunately

available in dealing with telepathic phenomena.

This is why even our broader formulations of the criterion of uniqueness or specificity leave many ambiguous cases of telepathic correspondence on our hands. The percipient rarely scores a direct telepathic hit on the agent's central idea; his impression does not amount to a photographic replica of the "original." Indeed, elsewhere I described the tendency to telepathic "scatter" as an important structural characteristic of the process. Nevertheless, in a number of cases falling in this group the vague, nondescript material may carry with it some specific distinctive feature or identification tag, as it were, which may help in establishing its telepathic nature.

The same principle is applied in modern biochemical experiments in which certain molecules are tagged with a so-called radio-active tracer element, easily detectable with the Geiger counter. The presence of such specific distinctive features in our cases may therefore be described as the psychological *tracer effect.*

A third and perhaps most important criterion is of an altogether different nature. It may be illustrated by a dream dreamt by a patient of mine, featuring an apartment whose description showed a striking resemblance to my own house into which I had moved a few days before the dream occurred. Ruth, a woman of 38, listed a number of distinctive features of the apartment. She described its layout and furnishings and prepared a drawing to substantiate her account. She could not have learned of these details by any conceivable sensory means. Nevertheless, it might well be objected that the assumed resemblance between my apartment and the one seen by the dreamer is a matter of degree and that therefore the weight which is to be attached to the criterion of specificity of the elements contained in the manifest dream content is debatable.

Yet when the telepathic interpretation of the apartment motif featured in the dream was introduced into its psychoanalytic setting the whole dream suddenly appeared in a new light. Apparently meaningless before, it now became evident that it expressed Ruth's unconscious desire to move into the therapist's home and to be adopted as a daughter by her father substitute. In short, the telepathic interpretation threw new light on the transference relationship, and made otherwise unintelligible details of the dream fall into a pattern: it was *psychologically significant.* It is this test of psychological significance which may serve as an important added criterion as to the telepathic nature of an actual incident.

FRED'S TELEPATHIC DREAM

THE part played by the presence of telepathic "tracer elements" —in conjunction with the "psychological significance" of a suggested telepathic interpretation—is illustrated by the following dream reported to me by Fred, a patient of 31, in the course of his analytic psychotherapy. The dream itself is one in a series of telepathic incidents which had occurred with the same patient.

"My mother's room was dark and something was wrong with the light. The room was the vestibule in her apartment, adjoining the porch. I was fixing wires or pieces of strings attached to each other. I pulled the strings so that the light would work again. I had the im-

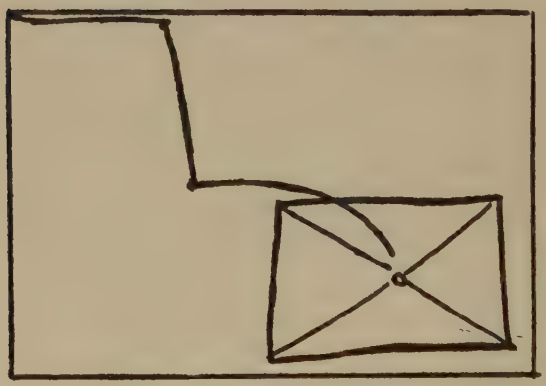


Fig. 1. Mother's room with drain-pipe. Tracing of patient's pencil sketch.

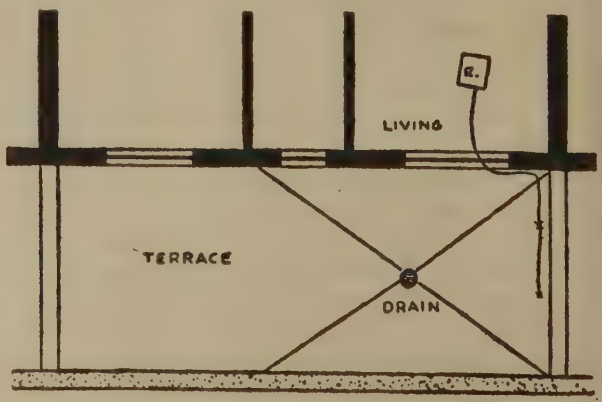


Fig. 2. Floor plan showing living room, radio with aerial cord, sloping terrace floor and drain-pipe.

pression that the room was changed or that something had to be remodeled in it. I had to crawl into the place, I don't know why. It had a floor sloping towards the center. In the middle there was a drain pipe, perhaps to collect rain water. I found it strange to see a drain pipe in the middle of a room."

The patient's sketch reproduced above shows the rectangular vestibule with the drain pipe in the center and to the left the outlines of what he described as his mother's porch, with the staircase leading up to it. It will be noted that the chief emphasis of the drawing is placed on the rectangular box-shaped vestibule. The zigzag line on the right is drawn with equal emphasis. It represents the electric wire or cord which the patient was supposed to fix for his mother.

The drawing also indicates two points on which the cord is fixed to something—the patient could not tell to what. Fred's associations to this dream ran along the usual Freudian lines. To him the dark room into which he had to crawl represented his mother's womb; the drain pipe and the electric cord he associated with other parts of her body, and with fantasies of prohibited activities in relation to her and to a younger sister. All these associations threw Fred's neurotic problem into sharper perspective, but they failed to account for some of the particulars contained in the manifest content of the dream, as well as in his drawing.

MORE light can, however, be thrown on the dream on turning our attention to a private experience of my own at the time the dream occurred. As it happened, the evening before the dream, to be specific, on the 14th of September, 1950, a radio repairman had been in my suburban apartment to fix a chairside model radio set which had recently broken down. The man said there was not much wrong with it. All that was needed was a new outdoor aerial so as to improve reception of FM He had also tightened some screws to secure the power supply

All this I learned from my wife on coming home from my office the same night. She had already purchased the aerial cord and asked me to attach it to the set according to the repairman's advice. As seen in Fig. 2, the radio is situated in the living room which opens through a French door and two windows to the terrace belonging to our apartment. I led the wires through the open door on to the terrace, turning them in a right angle to the left, fastening them by thumb tacks to a wooden box in the corner. From there I turned the wires in another

right angle to the left and fastened them at two places to a small wooden fence separating our part of the terrace from our neighbor's.

The terrace itself has a concrete floor sloping toward the middle. Slightly off center there is a drain pipe to collect rain water. I must add here that the wires constituting the aerial were not in one piece; they were fastened together like pieces of string at points indicated by the arrows in the floor plan. I had also to do much pulling of the wires during the whole procedure, partly because they were not gripped tight enough by the two antenna screws, partly because they had to be conducted outside the door under the door mat.

As can be readily seen from this description, I am no expert at fixing broken-down radios. On the contrary, the job was done with considerable fumbling and fussing and was only persisted in because we wanted to hear a particular concert on the FM program that evening.

There was another difficulty, though not of a technical kind, connected with installing the aerial. My landlord had made provisions for a big master antenna on the roof of our apartment house for the use of which he charged a considerable sum of money. The installation of any other outdoor aerials by tenants was prohibited. I was rather reluctant to break this rule, however unfair I found it to be. Since my wife, however, had already taken the first step in defying the "law," I felt I had to go on with the job though with pangs of conscience—or to be more specific, with some anxiety about the way the superintendent would react to my breaking the landlord's rules.

On comparing the manifest contents of the patient's dream with the situation on my side of the picture on the night the dream occurred, here again a number of corresponding features can be detected. There is, first, the motif of "changing or remodeling some thing" that was wrong in the room. Secondly, there is reference to electric wires which had to be fixed. Thirdly, there is a specific remark about strings that had to be attached to one another. Fourthly, there is the description of a sloping floor with, fifth, a drain pipe in its center. Sixth and seventh, there are more details as to the way in which the wires were conducted through the door, twice bent in a right angle and fastened to "something" at two places.

This combination of seven or eight distinctive features in both dream and reality, in conjunction with the temporal coincidence, is striking enough to be suggestive of telepathy. Indeed, some of the details contained in the manifest con-

tent of the dream are as good an illustration of what I described as the telepathic tracer effect as can be wished for. In short, the dream described here seems to meet the criterion of specificity as well as can be expected from any spontaneous incident of this type.

TOWARD A NEW UNDERSTANDING

ON the face of it the criterion of psychological significance which, I stated, may serve as an important added argument in favor of the telepathic interpretation is less obvious. It will be recalled that the symbolic interpretation of Fred's dream in terms of his wish to return to the security of his mother's womb and of a gratification of repressed anal tendencies had become clear to the dreamer himself. Again, the wires reminded him of childhood games and prohibited fantasies relating to his sister—and of the punishment which may ensue. All this seems adequate to account for the greater part of the manifest content of the dream.

Unless we make due allowance for its telepathic aspect, however, we are at a loss to understand some of the specific details featured in the dream; that is, the bizarre condensation of his mother's room with an open place having a *sloping floor* and a *drain pipe* in the center is only explicable if we assume that the patient succeeded in catching a telepathic glimpse of some of my own preoccupations on the same night. In effect, as soon as we make allowance for the telepathic implications of the dream we are faced with a new aspect of its latent meaning.

What, then, are the implications of its telepathic interpretation? First and foremost, the patient seems to be watching the activities of the therapist and his wife on the night the dream occurred. At the same time he seems anxious to convey to him by his dream that he knows "all" about him and his wife. This has to be viewed against the fact that references to the so-called primal scene have loomed large in his compulsive productions at this period of the treatment. In other words, the dream seems to express the patient's wish to become part of and to participate in the therapist's life according to the neurotic equation

therapist = the patient's father
the therapist's wife=the patient's mother or sister.

The dream obviously fulfills that part of Fred's repressed desires.

But how does he escape the anxiety that is usually attached to the gratification of such wishes? We have to assume that in this respect he is aided by the familiar device of distortion, symbolic representation and condensation, characteristic of both the dream and the telepathic process. A further clue to that effect can be found when we cast a brief glance at the psychodynamics as they existed on my side of the picture.

I hinted that in view of existing regulations I was reluctant to install the outdoor aerial purchased by my wife. This reluctance can be traced back to three very good reasons. First, it was due to the hesitation of the ordinary law-abiding citizen to break the "law." Secondly, it was connected with the painful memory of an argument a few years earlier with the same landlord who issued the anti-aerial regulation. In that argument I felt I had gone too far in expressing a sense of "righteous" indignation over an otherwise trivial matter that had come up between us.

To make matters worse, it was now I who laid myself open to the reproach of violating the honor code. A third reason leads to more significant aspects. On a deeper level the incident may be connected with guilt feelings of my own over breaking certain taboos and in engaging in "forbidden" activities with my wife, duplicating, as it were, the dreamer's incestuous fantasies.

Had the patient caught a telepathic glimpse of my own repressed intrapsychic conflicts? Did he derive some solace from the fact that he was not the only one who had "broken the law" and that he had actually caught me redhanded violating the rules issued by a figure in authority? If so, this may well have served to allay Fred's anxiety over his forbidden fantasies involving my wife as a mother substitute, as well as diminishing his fear of retribution for watching what, to him, had amounted to a representation of the primal scene —if not to the repetition of the Original Sin itself.

These reflections should go far to show that making allowance for the telepathic aspects of the dream indeed serves as a decisive aid toward a proper understanding of its deeper meaning. In this way, and in this way only, are we able to fit it in with the patient's neurotic problem in general and with his attitude in the transference relationship in particular. If this is true the telepathic appreciation of the dream is in good keeping with what I described as the criterion of psychological significance or consistency with an expanded and revised system of dynamic psychiatry as it is aimed at in the present study.

THE EGO, THE ID, AND PSI

THE growing number of observations of this kind made in the psychotherapeutic situation suggests that psi phenomena may occur much more frequently than is indicated by the presence of clear-cut and unequivocal tracer elements—to say nothing of criteria based on mathematical evaluation of the material.

The psi level of functioning may indeed represent an important aspect of the personality which has so far remained outside the classical Freudian framework of personality structure. Seen from our angle, personality structure can be pictured as consisting of three distinct, yet at the same time overlapping, functional levels: of the Ego, (including the super-ego); the Id; and the Psi. How, then, do the three levels compare?

The Ego Level of Functioning

ON this level of functioning the sky is blue, the sun shines warmly and the sensation produced by weights placed on our outstretched hand follows the Weber-Fechner law. More precisely, the elements of our sensory impressions are composed of and coalesce into organized wholes and result in patterns or configurations which, we learn from the Gestalt psychologists, are in turn derived from our own mental organization. Space is filled with matter and is impenetrable by matter outside the same portion of space. Time is an irreversible flow of events, mental and physical, and the laws of cause and effect—like Time and Space—are fundamental modes or categories of our perception.

The picture of a world perceived in this way can best be described in terms of a three-dimensional frame of reference in which everything is connected in a lawful manner, in which two and two are four, in which parallel lines meet in infinity only and the shortest connection betwen two points is a straight line. Whatever happens in this frame of reference obeys a series of laws formulated by Newton and Galileo and later modified by the Maxwell-Faraday equations. In short, it is a world obeying the laws of Aristotelian logic, Euclidian geometry, Newtonian mechanics, and Kantian transcendentalistic psychology.

From the psychodynamic point of view on the Ego level of functioning, our actions are—or should be—determined by what Freud described as the reality principle, based on the rational appreciation of all available data, including the anticipation of future happenings.

They are controlled by our conscious volition and aim at reducing inner tensions and at warding off excessive outer stimulation.

In this conceptual scheme, human personality is a strictly isolated and self-contained unit and interpersonal relationships are based on communication by means of expressive movements, language or other conventional systems of symbols. It holds that, whatever be the mode of their interaction, both the individual and the group are subject to the same laws of nature as apply to the universe at large, even though the appearance of purpose which enters the picture on the psychological plane may force us to combine the strictly mechanistic approach with an inquiry into goals and motivations.

Although such an approach fails to give the answer to all our questions, we are confident that with the gradual extension of our knowledge we will gain an increasing understanding of both the world around us and of our own nature. In any case, such a picture of the world represents a well-rounded and logically coherent system and it is held that whatever flaws or irregularities are found in it are due to errors of judgment, optical illusions or to the outright mental derangement of its beholders.

In the early Christian era Satan was considered the villain in this play. He was made responsible for all interference with the strictly rational purpose and design of Creation. It was for Freud and his school to demonstrate the existence of deeper, "irrational" levels of our personality, to study their dynamics and to reveal their relevance to our rational, conscious behavior. Yet to some of his followers—as well as to many of his opponents—the unconscious still is at bottom nothing but a caricature of the rational aspects of personality, a scientific derivative of the Evil in the Christian universe. In other words, viewed from the ego level of functioning, or judged by the standards of the superego, the id appears in a distorted fashion, comparable to the distortion of outlying parts of the world in the Mercator projection of the globe.

Certainly this bare outline of the world viewed from the perspective of the ego is incomplete—and indeed cannot be otherwise. Our libraries are stocked with countless volumes devoted to just this aspect of the universe. In fact, pre-relativistic science has been nothing else than a study concerned with the accumulation of data viewed from the vantage point of the ego *here* and *now*.

The Id Level of Functioning

I HINTED that Freud's original description of the unconscious—later referred to as the id—is a

picture of intellectual anarchy, of untrammeled and conflicting instinctual drives. The unconscious seems to defy the principles of cause and effect and to disregard the established rules of logic as they apply to the ego level: it is "metalogical."

On the id level the laws of contradiction are no longer valid. A statement may be both true and false. Love and hatred may stand for each other like heat can be converted into electricity and electricity into heat. Black may be white, the sacred may be wicked. Temporal order and sequence have lost their meaning; so have spatial relationships. The notions of past, present, and future are hopelessly jumbled. Distance is no longer an obstacle to action and action itself may be unlimited in scope and consequences, especially when it is propelled by the driving power of primitive man's quest for omnipotence.

It will be noted that an uninformed traveler catching a first glimpse of the strange rites and rituals of a pre-literate tribe may arrive at much the same conclusions. The stereotype picture of Barbarian ways of life as it existed in the Hellenic mind at the time of Herodotus; the crude misconceptions about the godless heathens of the medieval Christian era and our own tendency to misinterpret the mentalities of foreign nations, illustrate the same point.

Failure to conform with standards prevailing within a certain cultural group or intellectual climate leaves us bewildered and confused and is apt to provoke intellectual disapprobation or emotional repudiation. This is why psi phenomena, emerging, as they do, from a sphere outside our familiar orbit of experience are subject to much the same attitudes of rejection.

But closer psychodynamic study of the unconscious soon revealed that the id, far from being as chaotic and irrational as it had appeared at the beginning is governed by peculiar laws of its own. We may only recall the tendency to displacement, condensation, symbolic representation characteristic of the dream and the neurotic symptom. Again, what Freud described as the belief in magic and animism, in the omnipotence of thought; as the law of talion, are samples of archaic mental attitudes which have been preserved in the id like an antediluvial insect encased in a block of amber.

This more balanced picture of the unconscious was further elaborated by Jung. He sees in the unconscious the soil from which all the creative forces of the mind have evolved and restricts the part played by repression in its development. Jung lays greater emphasis

on the archetypal hereditary aspects of the unconscious. The archetypal images, common to all mankind, form the connecting link between modern man and the long line of his human and pre-human ancestors in the perspective of time. They are the ultimate source of religious experience, of creative inspiration, and intuition in primitive man, in the child, and in the genius. In his more recent writings Jung is inclined to regard the archetypes of the Collective Unconscious as the matrix of ESP and other psi phenomena.

DESPITE differences there is indeed a far-reaching parallel between psi phenomena and the so-called hyper-functions of the unconscious discussed here. Both show the characteristics of two separate levels of functioning. Both are of an amphibious nature, as it were, and both are capable of breaking through the barriers separating one from the other under certain dynamically well-defined conditions only: when their occurrence happens to satisfy the deep-seated emotional needs of those involved.

It is also interesting to note that our reactions to such occurrences may be similar in both cases. They may leave the naïve spectator with a feeling of superstitious awe or puzzled bewilderment over an apparent violation of the laws of nature. This is the way in which the ancients are known to have responded to the sight of "tokens and portents" in the skies—to shooting stars or comets abandoning their predetermined orbits and passing through the atmosphere of the earth.

There is another point of resemblance between psi phenomena and id processes. It will be noted that most instances of hyper-functions of the unconscious are closely related to the state of hypnosis and sleep. The same is true for many incidents of telepathy observed in the psychoanalytic situation. One could say their occurrence is in part occasioned by what in an earlier book I described as a minus function, global or circumscribed, lasting or transient, and the tendency to its compensation.

THE PSI LEVEL OF FUNCTIONING

ARE we justified, after all, in drawing a strict demarcation line between the id and psi?

Are they really to be considered as two separate levels of functioning, or is the distinction between them merely the result of our belated insight into psi coming, as it does, half a century after Freud's advance into the Unconscious?

Is psi a separate functional level in its own right, comparable to the ego and the id level, or is it better to be regarded as the functional equivalent of a sensory apparatus which the unconscious actually lacks, but which, nevertheless, enables one unconscious to communicate in an extrasensory way, as it were, with another unconscious?

It may well be that with our growing insight into the psychodynamics of psi the Freudian id will burst at its seams and be replaced by a psychological agency combining the functional characteristics of both Freud's "primary process" and psi functions. If so, our tentative discrimination between the two will have to be abandoned.

At the present stage we feel much like the seafarer who, on landing in a strange country, is unable to decide whether it is an unknown part of a huge continent (from which he had originally embarked) or a separate island—if not a whole new continent of its own. We are still engaged in studying local soil samples and minerals, in collecting what specimens of strange flowers and animals we can lay hands on, and in comparing them with the flora and fauna familiar to us from our previous experience.

Be that as it may, only a very tentative picture of psi can be drawn on the basis of the available evidence and all attempted comparisons with the ego or id level of functioning cannot help but be largely conjectural. Apparently our whole mental organization is ill-equipped for their proper appreciation. This is the reason why psi phenomena may often appear as strange, bizarre, if not altogether disorganized to the naïve observer. We must realize, however, that their apparent disorganization is largely due to our habit of applying to them standards essentially derived from the ego level of functioning.

On closer scrutiny, they show, nevertheless, a clearly discernible pattern. Figuratively speaking, psi can be conceived of as occupying an "international" field, like gravitational forces are thought to be occupying the gravitational field. Physicists hold that there are areas of high and low tension in the field of gravitation. In much the same way one could say that there are emotionally charged areas between person and person, occupied by instinctual drives: by the perennial themes of love and hate, by the fear of mutilation or outright dissolution, by the urge of self-preservation and self-assertion, and so on and so forth.

YET we must note at this point that on the psi level these areas of "tension" are not confined to individual "selves." They cut

across the boundary lines of strictly isolated and detached personality units, much in the same way as they transgress the conventional categories of time and space. Nor do we have to assume that there exists anything like empty psychological "space" between person and person.

It is true that for the man in the street, used as he is to living in a tangible and visible world, psychological "space" filled to the brim with thinly spread—or densely packed—lines of psi "forces" is difficult to conceive of. But he has the same difficulty in trying to conceive of an electromagnetic or gravitational field, filled with lines of "forces." The existence of such forces is at best brought home to him by the Maxwell-Faraday or Einstein equations. He may feel hot or cold; light or heavy in his head, as the case may be—but any direct perception or an electro-magnetic wave, of a meson or electron is even farther removed from him than psi.

Another characteristic of psi phenomena is one shared by unconscious processes in general. As pointed out above, both psi and id functions tend to break through into the ego level of functioning in areas of increased emotional charge or "tension" in the interpersonal field. I may add, however, at this point, that the presence of areas of high tension does not, in itself suffice to lead to such a breakthrough from one level of functioning into another. I hinted that such a contingency required a variety of other predisposing factors in the personalities involved.

In the presence of such predisposing and conditioning factors psi phenomena may emerge on the conscious plane with highly specific distinctive features attached to them. They may then attain a considerable degree of spatio-temporal organization, characteristic of the higher cognitive processes.

This is what I described as the telepathic tracer effect—a feature superimposed on, if not altogether alien to, the telepathic process. In fact, it appears that the higher the degree of organization and integration of the elements concerned the more feeble is their ability to penetrate the barriers separating psi-functions from consciousness. Conversely, the lesser their degree of ingration, the greater seems to be their capacity of filtering into another person's mind. Needless to say that for the same reason it may then be difficult or even impossible to ascertain their telepathic origin.

How the Ego Reaches Out Beyond Its Confines

THE revised and expanded picture of personality suggested by this approach opens up new vistas for our understanding of so-

cial interaction and intercommunication in both health and disease. Pre-Freudian psychology focused attention on conscious levels. Interpersonal relationships were thought to be determined by the spoken or written word, supplemented by gesture, intonations of voice and subtle reactions to unconscious expressive movements, facial expressions and the like.

Psychoanalysis brought the part played by non-verbal means of communication into sharper relief. It called attention to the way in which involuntary expressive acts—including psychosomatic symptoms—may reveal unconscious mental content. Freud specifically made allowance for the fact that one "unconscious" may be capable of communicating with another "unconscious" in the psychoanalytic situation, without, however, trying to explain the way in which such direct intercommunication is supposed to come about.

The first part of this study contains examples to illustrate the part played by psi factors in this state of affairs. But it may be well to realize that not all non-verbal communication is due to the operation of psi and that an important part of such communication can indeed be accounted for in terms of "subliminal" sensory perception and involuntary expressive acts to which we have just referred. In short, it occurs on a level closely related to the familiar sensory-motor functions of the ego.

THERE is, however, a marginal area of ego functions which have attained a sufficient degree of differentiation to warrant separate consideration. They will be discussed here under the dual heading of *empathy* and its psychomotor counterpart, *enkinesis*. Empathy is usually defined as the imaginative projection of our consciousness into another person. It presupposes a certain measure of rapport with the person with whom we are about to empathize and it is this specific dynamic relationship—closely related to the process of identification, which seems to sharpen our perception of the many and varied manifestations of his personality upon which the empathic response is based.

Viewed from a more behaviorist angle one could say that empathy arises from the actual sharing of various expressive acts, voluntary and involuntary, by two or more people. If this is so, we must realize that there is another, distinctly motor side to the empathic function.

It is this motor or psychomotor aspect of empathy which is here described as enkinesis. Enkinesis can be defined as the imaginative projection of our consciousness into another person's motor or psychomotor behavior resulting in the

actual sharing of some of his motor, vasomotor or glandular processes. One could say: empathy is projection guided by perception; enkinesis is projected action guided by empathy.

The two can thus be separated in much the same way as we distinguish afferent and efferent functions of the nervous system. Yet, in doing so we must not forget that empathy and enkinesis are, nevertheless, nothing but the sensory and motor aspects of the identical process of social interaction occurring within a suitable dynamic context.

We have to realize, furthermore, that there is no sharp demarcation line between the two marginal functions of the ego discussed here and psi processes in the stricter sense. In fact, there is a tendency to use such terms as empathy, intuition or extrasensory perception as interchangable concepts, or to speak of empathy or empathic "linkage" in a context in which reference to telepathy would be clearly called for.

Perhaps this catch-all use of the term is responsible for the comparatively scant attention empathy has until recently received by both normal and abnormal psychology Still more neglected has been its motor counterpart, or what I described as *enkinesis*.

HOW does enkinesis operate in real life situations? It can be best understood by turning our attention to a concrete example: to little Tommy, sitting dreamily on his chamber pot, while his mother, marshalling all her skills of dramatization, visual and auditory, is trying hard to induce him to do what nice babies are expected to do in his situation. At a later stage she will intently watch his first playful attempts at forming words, with her speech organs set to perform the task for him, with her facial muscles joining in and reflecting the emotions she and her offspring share between themselves and are about to express.

Later still when he is about to learn the use of knife and fork or the handling of simple tools and materials, she will eagerly follow each step of his performance and participate in it as if it were her own. She may tend to function vicariously in his behalf.

His teacher at school is less likely to get involved in the process of instruction with equal zeal. But Tommy himself, while watching a boxing match, will furiously clinch his fist with each blow his idol is about to land. His arm will bend into a protective arch to help him ward off an unexpected uppercut, and he will jump off his seat yelling desperate shouts of caution and encouragement to the champion going down on his knees.

Tommy's father, in turn, when giving him a chance to drive the family car, will contract each muscle of his right leg to make sure Tommy puts on the brake in time. He will then find out that backseat driving may be far more trying and exhausting than driving itself.

There are obviously countless ways in which the child-parent relationship may be influenced—and indeed controlled—by empathy and enkinesis, and we have emphasized that these factors may in turn serve as vehicles for the two-way flow of telepathic, and occasional psychokinetic, influences between the two. Empathy and enkinesis, combined with whatever psi elements they may contain, are thus two basic functions by which the ego reaches out beyond its confines. We have reason to assume that they play a major part in the child-parent relationship, in every closely-knit group setting—and, last but not least, in the psychotherapeutic situation, modeled as it is after the child-parent relationship.

THREE-LEVEL THERAPY

WHAT, then, are the therapeutic implications of the psi factor involved in the psychoanalytic situation?

In what way, if any, can it be integrated with our current analytic approach to ego and id levels, and become an adjunct of proven therapeutic techniques?

Among the many questions that arise in this connection there is, first, the eminently practical one as to whether or not the telepathic nature of an incident observed in the psychoanalytic situation should be disclosed to the patient. And if so, at what stage of treatment should this be done?

All the evidence available so far indicates that interpretations involving psi incidents should only be given at an advanced stage of analysis, when all aspects of the transference relationship have been thoroughly worked through and when the therapist feels safe to expose whatever evidence of his own counter-transference is contained in the telepathic material under review. Even so, its disclosure may put the transference relationship to a severe test and supply the patient with new material to rationalize his resistance to the treatment.

The risks involved in such disclosures should not, however, be overestimated. We must not forget that on the psi level all analytic work is carried out in a glass house, as it were, with the therapist's unconscious constantly exposed to

the telepathic scrutiny of his patient. Indeed, an analyst who feels he cannot afford to be seen and to go about his job under such conditions should better disqualify himself from his professional work. He has to realize that however impersonal and detached his approach on the ego level may be he cannot possibly prevent his patient from responding to his unconscious inner attitudes and motivations.

The very fact of this telepathic "leakage" from the therapist to the patient should rather be a challenge to his constant self-analysis and thus contribute to this efficacy as a therapist. If properly timed, the frank discussion of the therapist's psi level involvement in the transference relationship may well serve as an opening wedge for the emergence of repressed mental content which the patient himself might otherwise be unable to face.

THE results obtained with this procedure have been encouraging so far. Yet a note of caution has to be sounded at this point. Although marked negative transference often militates against the emergence of psi, any reference to the occurrence of telepathy has to be carefully avoided under such conditions.

This is particularly true for the advanced schizophrenic who may easily use interpretations involving psi factors as added confirmation of his delusional trend. On the other hand, due allowance made for the patient's direct susceptibility to the therapist's unconscious or preconscious mental content is nowhere more rewarding than in the case of the schizophrenic.

The early schizophrenic is particularly sensitive to influences of this kind. He is allergic, as it were, to the slightest indication of attempted control transmitted to him by the therapist's demeanor—on whatever level such impressions may be conveyed to him. But he can be counted on to open up and relax his defenses, once he is reassured by genuine detachment and restraint on the part of the therapist.

A second problem encountered in three-level therapy refers to the utilization of insight afforded by telepathic material. Such material should be treated in exactly the same manner as material derived from the autopsychic sphere.

How the very fact of its emergence may influence the dynamic evaluation of a given situation is another question. As a general rule it testifies to an intimate psi level rapport between therapist and patient, even under circumstances in which other clues to that effect have not as yet been forthcoming.

We have seen that in many cases it is the proper appreciation of a telepathic element contained in the

patient's productions which closes the gap in the understanding of a neurotic symptom, a faulty action or a dream reported by the patient. Its telepathic interpretation will then depend on the considerations mentioned above, as well as on the criteria which apply to the giving of interpretations in general.

THIS leads to a third question, touching on one of the most problematic aspects of therapeutic technique: the question of interpretation as a tool of psychoanalytic therapy. It may be well to distinguish between two sides of the problem. Interpretation involves, first, a full dynamic understanding by the therapist of the patient's conflicts, of his personality structure, of the nature of his ego defenses at a given time, and so on and so forth. Equally important is a second point: the patient's readiness to accept the interpretation offered to him and his ability to assimilate the insight gained with the rest of his personality.

As a general rule there is a considerable time lag between these two phases of interpretation. The therapist may have attained far-reaching understanding, e.g. of the latent meaning of a symptom, but it may be a matter of months before he feels safe to convey this insight to his patient. We have to realize, however, that this period of abstinence and self-imposed restraint, however strictly adhered to, may have the diametrically opposite effect on the psi level.

It is precisely attitudes of this kind which may, under favorable conditions, assume telepathic activity. If this is true, there must be a more or less prolonged period in every analytic treatment during which the patient is exposed to subliminal psi influences emanating from the therapist, prior to the verbal communication of the same content on the ego level.

Put in other words: verbal interpretations are usually preceded by a period of incubation during which they may or may not be tacitly registered on the psi level. If properly timed verbal interpretation may then act as reinforcements of whatever previous effects they may have had on the psi level.

NEEDLESS to say, such telepathic leakage may greatly affect some of the basic propositions of analytic theory. It suggests that, in the last analysis, strict discrimination between the patient's and the therapist's contributions to a particular phase of analytic insight is not always possible.

In fact, we have to assume that on the psi level the two cease to operate as two closed and isolated personality units. They rather merge into a new functional system in its own right, based on the community of their analytic experi-

seems to be a shortcut in this direction. It may result in a re-enactment and re-living on the psi level of man's original solidarity with his species, represented by parental figures—and their symbolic substitute: the therapist. For the patient it may amount to the consummation in the transference relationship of a desire, common to all humanity, to go back to one's point of departure and to make a fresh start in life.

We are here reminded of the original model of the psychoanalytic situation: the child-parent relationship. We have to assume that on the psi level the therapist's approach to his patient is nothing but a duplication of a parent's eager anticipation of his child's natural growth and development. But in the therapist's case this approach is guided at the same time by his intimate knowledge of the patient's emotional disturbance, his inner resources and potentialities. If he be equal to his task, his therapeutic motivations and inner attitudes will be oriented towards what areas of unimpaired growth are still left in the patient. There is even reason to believe that his therapeutic expectations—conscious and unconscious—may, under favorable circumstances, be brought to bear upon the patient's mind without the aid of verbal communication or "suggestion"—that is to say: on the psi level.

ence. It may well be that what is described as an occasional flash of telepathic communication between two separate individuals is nothing more than a manifestation of their temporary functional unity on the psi level, which happens to ripple the surface of the ego.

The psychodynamic significance of such an experience cannot possibly be overestimated. There is nothing lonelier in the universe than a fully self-contained and isolated ego, whose emotional contact with his social environment has been blocked by the growing self-sufficiency demanded by our culture or obliterated by an existing mental disorder.

It appears that all our efforts to evolve many and varied systems of communication with our fellow men, from person to person and from group to group, only serve the purpose of assuaging the cosmic loneliness of the individual in our western civilization. Indeed, it may well be that the gregarious patterns of all types of human association, from the family to the clan, from the Firemen's Mutual Benefit Association to the State and to the United Nations, are so designed as to restore in a functional way the lost solidarity of the individual with the rest of the world.

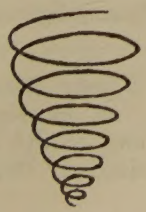
The community of experience which can be achieved at certain points of psychoanalytic treatment

On the other hand, the therapist will be well advised to be aware of his limitations. He will know that he has to refrain—both in thought and in action—from any direct attack upon such fixed phobic, compulsive or delusional symptoms which in his estimate are beyond his reach at the particular phase of the treatment—and he will seek to maintain this attitude of non-intervention not only on the ego but also on the psi level.

It goes without saying that he will likewise make a point of abstaining on all levels of his personality from attempts at active therapeutic intervention under conditions of negative transference and in negativistic patients in general. An overly eager, ambitious therapist is bound to provoke resistance in any type of patient, comparable to the patterns of resisting habitually provoked by oversolicitous or compulsive parents in their offspring.

ALL this should go far to show that the part played by psi factors in the psychoanalytic situation cannot but be limited. It certainly must not detract from the importance of a primarily rational orientation of our approach to the patient. We must not forget that whatever be the potential telepathic effect of the analyst's unconscious therapeutic motivations, they can only be brought to bear upon the patient on the basis of his full dynamic understanding of the existing clinical problem. Without such guidance the therapist will grope in the dark like a surgeon who operates on his patient, ignorant of the elementary facts of anatomy, relying only on the dim light of his intuition.

Nevertheless, the proper scientific evaluation of the psi factor involved in psychotherapy—and in interpersonal relationships in general—may be of inestimable value to our culture. It may remove one of the major blind spots in the mind of Western man and help to bring under his control what was once relegated to the realm of the occult—or subject to the groping attempts at mental healing by the primitive witch doctor and medicine man.



U.N. MEETS MYSTICISM

"All health activities are conditioned by the attitude of the population to disease, by its beliefs and customs in this respect. The essential fact in this connection is that diseases are usually attributed to supernatural causes. To attempt to treat a disease, or to prevent it, is an offense against God or the Spirit which caused the disease. In India, for instance, smallpox and eruptive fevers in general are attributed to a supernatural being held in great awe—the Goddess Mata.

"Obviously, it is in the field of mental and nervous disorders that the idea of a supernatural influence is most prevalent. It may be said that at some time or other in all civilizations mental derangement and serious nervous disorders have been attributed to possession of the individual by a spirit. This belief still persists in the whole of Africa, in the Arab countries, and among most of the populations of Asia. This magical or mystical conception of madness entails treatment of a religious or thaumaturgical character which consists of incantations and exorcisms practiced generally by specialists and often accompanied by violence—beatings, icy baths, compulsory fasting—intended to expel the evil spirit. In countries of Chinese civilization there are temples which are, in fact, treatment centres for persons suffering from mental disorders.

"In some Moslem countries—the Sudan, for example—it is generally a Holy Man, whose father and grandfather before him were famous exorcists, who gathers together the mentally ill of a whole region around some venerated tomb and treats them by the application of appropriate verses from the Koran. It is evident that any attempt at modern treatment of mental disorders, if it is to avoid deeply offending such populations, must take these religious or thaumaturgical concepts into account."

Dr. Pierre Dorolle, Deputy Director-General of the World Health Organization, an associated agency of the United Nations, "Ethnology and Health Problems," Chronicle of the World Health Organization, *December 1953.*

erstand, therefore, the dispenser of such words is assumed to possess soteric healing knowledge. (I have even heard of one simple fellow, who pleaded with the druggist to let him have the medical prescription, o that he might consume it and therefore have the full benefit of the nagic formula). The physician who can instill into a sufferer's mind the xpectation of a cure, will make confidence a powerful factor for re-overy.

It is not faith alone that cures; but, courage and hope, when instilled, et free those powers and forces which the unconscious mind continually xerts over the body. The mental factor, whether utilized when the pa-ent is awake or unconscious, is of tremendous significance. Recognition f the importance of working through mental influences in therapeutics, one of the most satisfactory results of the union of modern psychology nd medicine.

As long as exhausting diseases cause discouragement and despair, ne demand for the magic and the marvelous must also continue to exist. n our troubled world the door yawns wide open to many disguises of uackery. Pseudo-religious phrases may sound good and are easily ob-ainable from the literature of the day. Nevertheless, instinctive goodness nd morality are always with those who truly desire to help their fellow nen, who seek to guide them toward objective sources of help.

TODAY man is exposed to "cures" in every form of education and entertainment. Perhaps this is the real reason why, surrounded by onfusion and subtle suggestion, he is often lost in a morass of words ithout meanings. He gropes his way toward that elementary solution f his ills, set out so closely by Aristotle, and voiced again eloquently y Spinoza: that the eternal power of mature thoughtfulness raises man o that contemplation where responsibility for the rich life is in his own ands, as he learns to transcend the changes and chances of the mortal fe.

The temples of old were the first hospitals; the priests, the first hysicians. Perhaps the time is approaching when a revitalized faith can oin with modern medicine to open man once again to the Divine source f all healing.

EILEEN J. GARRETT

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